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DATE DEC 2 7 '60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

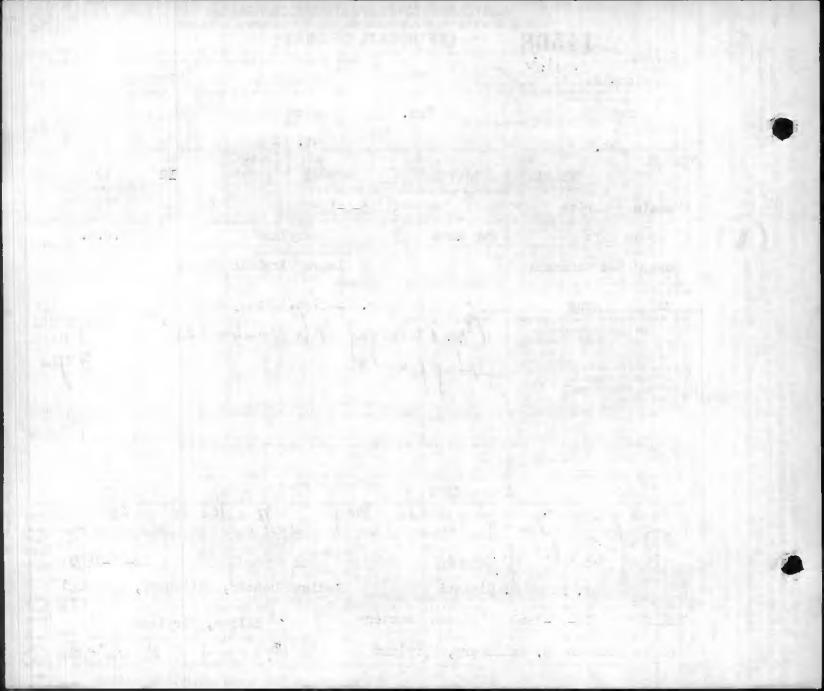
Hill & Johnson Co. Salisbury, Maryland

14568 -	CERTIFICA	TE OF DEATH	1		
1. PLACE OF DEATH d. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (M U. STATE Maryland	Where deceased lived. If insti		ore admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town) Fiden	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits, writ	te RURAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Rt. # 2		d. STREET ADDRESS	2		IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) VIRGIE	Middle CANTWELL	ABBOTT	OF	Month D	y Year 1960
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE		B. DATE OF BIRTH 5-4-1897	9. AGE (In yellost birthdo	(IF UNDER LYEA (Y) Months Days (Yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) House Wife	kind of Business or Indu wn Home	STRY 11. BIRTHPLACE (Sint		U.S.	of what country? A_{ullet}
13. FATHER'S NAME Edward Lee Cantwell		14. MOTHER'S MAIDEN Laura Vi	rginia Bounds		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give wor or dates of service) None		NFORMANT Ir. Charles A		Address	
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c), (b), and (c).]	y The	nubosis		TERVAL BETWEEN
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	Hyper	Leusin	,		3 425
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	WINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO D
200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury i	n Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 While at warl	Nat while fo	LACE OF INJURY (Hame, far scrary, street, affice bldg., e	rm, 20f. (City or town)	(Caunty) (State
21. I certify that (I) (this hospital) attends say the deceased alive on 220 SIGNATURE	ed the deceased fram.	death accurred ak	9.7, ta	and an the dat	22b. DATE SIGNED
22c. PHYSICIANIS NAME (Type) Dr. Frank B. (iganti	22d. ADDRESS	Center, Salis	12-20- sbury, M _a r	
230. BURIAL, CREMATION, 23b. DATE THEREOF 12–22–1960	23c. NAME OF CEMETERY C Siloam Cemet		23d. LOCATION (City, lov Siloam, Mar		(State)
24 ELINEDAL DIDECTOR'S SIGNATURE	ADDRESC	25- 05-	CO AV DECISTRAD DEL D	ECHEPAP'S SIGNATI	IPE

death. Page 4 in by funeral director, and 2 should be fited with ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be revoired by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave capton pages 1 of the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



(County) 1960 that (1) (we) lost M. from the couses and on the date stated above.

MARYLAND STATE DEPARTMENT OF HEALTH

11001161

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(State)

22b. DATE SIGNED

(Stote)

PERFORMED? YES NO I

Months

e. IS RESIDENCE

ON A FARM?

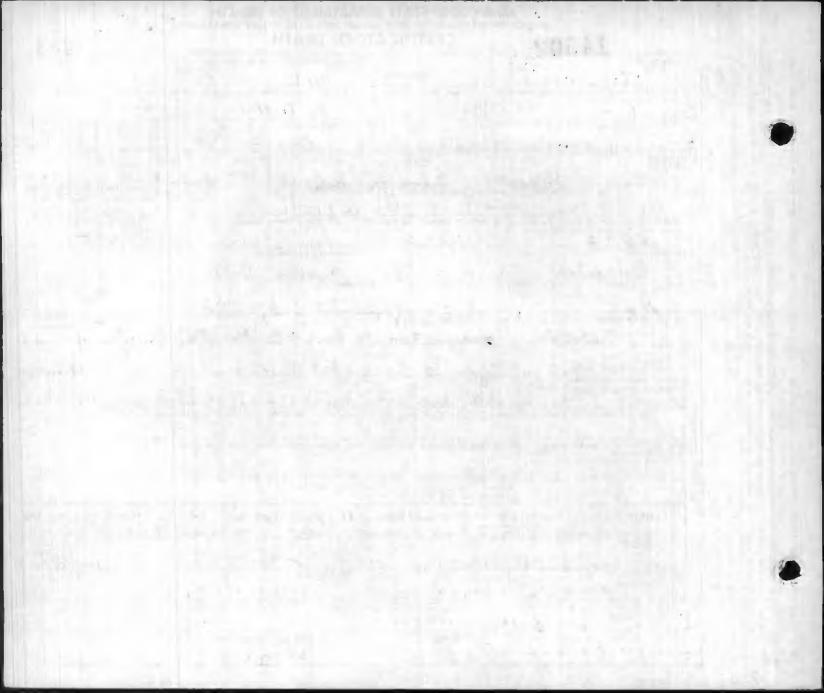
YES NO IZ

Year

196

MILKAELIA.

25b. REGISTRAR'S SIGNATURE



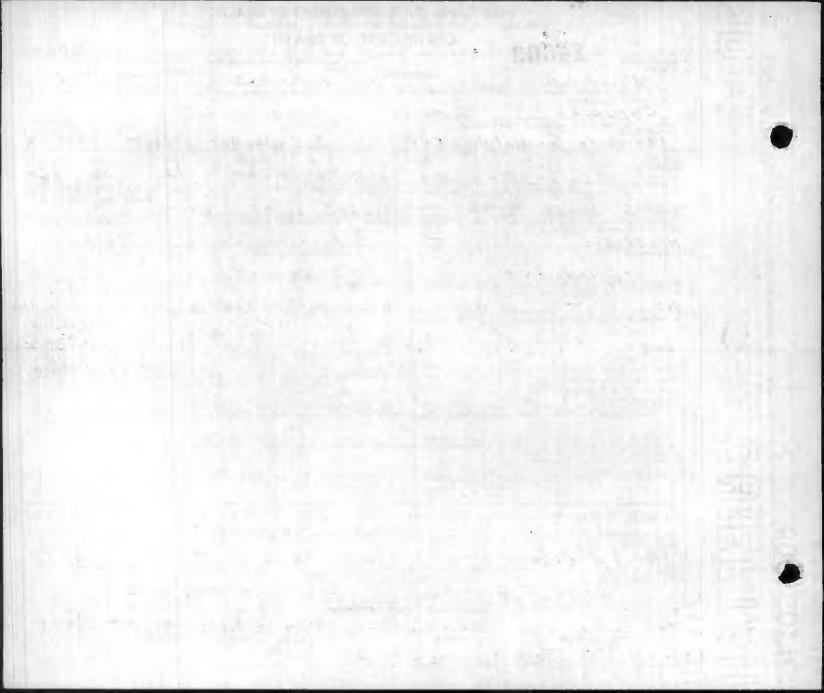
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

1, MARYLAND

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(CE	RTI	FIC	ATE	OF	DE	ATH	

		1/50	13	CERTI	FICA'	TE OF D	EATH				1	4.48	A
	PLACE OF DEATH	omico	र्ग	MAI	RYLAND	2. USUAL RESI	DENCE (WI	AND	lived. If instituti b. COUNTY	on: Reside		re admiss	ion)
	RURAL and give ne	4	its, write	c. LENGTH OF STA		c. CITY OR	TOWN (If	outside corpo	rote limits, write R	URAL and	give ne	prest fowr	1 2 -
		DURY		2 1400	RS	P		DOKE	CITY		-	0 1	06.
	OR INSTITUTION	AL (If not in haspital, a	1	Hagaita	,	d. STREET A		UALNO	ur str	EET			FARM?
3	NAME OF	Fi	rst	Midd	le le	Las		4. DATE	Mor	ith	Do	TV .	Year
	(Type or print)	ELIZAL		may	-	RMSTRO	ONG	OF DEATH	12		30	>	1960
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MAR	RIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)	IF UNDE Manths		Hours	R 24 HRS. Min.
1	FEMALE	WHITE	WIDOWE	DIVOR	CED 🗍	SEPT.	18.1	876	84 yrs.	MICHINES	Days	Hours	PAIN.
100	. USUAL OCCUPATION during most of work	ON (Give kind of work ting life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS			,					OUNTRY?
10	HOUSEW	IFE				14. MOTHER'S		CUANI	9	1	1.5	14.	
13.	FATHER'S NAME					14. MOTHER S	MAIDEN	NAME					
		INKNOWA				-UN	KNOU	UN-					
	s, no, or unknown)	R IN U. 5. ARMED FOI If yes, give wor or dales of		SOCIAL SECURITY N		FORMANT	/	nile		205		4 44	57.
=	NO			NONE	mi	S L. De	ERTH	" VE	VABLE,	10001	noke		4, m
		TH [Enter only one or	ouse per lie	ne for (a), (b), and (c).]	5	1	7	1			ERVAL BE	
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	0)/(ormal	27 Cd.	There	/	cerro	receve	-	- (Xif	dis
	and of	O DUE TO	1	0 6	1 /	ret 1	/	CH	-11	2	. 5	21,	17
	Canditions, if a		VC.	World	79	NEA	1 Cl	AUR	rescu	111-2	er i	1945	ann
	gove rise to i			7	1	37							
	lying cause last.) (-	0		1							
CATION	PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RY 1(a)	PERFC	AUTOPSY PRMED?
RTIFIC	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in	Part I or Par	t (I of item 1B.)				
CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
CAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED		ACE OF INJURY			ar town)		(County)		(State)
MEDI	Hour o.m.	19	While of wor	k Not while	100	tory, street, offic	e bidg., ere	6-)	10				
~		it (1) (this hospita			1 6- X	(nc. 3.	() 10	60 10%	Ce. 30	1 10	G. Ou	nmh /// /	we) last
		sed alive an	e c	19_60, an	d that d	lanth accurre		3500	the causes ar				
	220. SIGNATURE	sed drive drive	1		a mor a	learn accurre	d di ye	PINT, IT OTT	the couses of	id on it	re date		b.DATE
1	Variat	The	ecop			M.D. PHYS.	G 🛣 N	NED.	STAFF PHYS.		12	-31-	SIGNED
	22c PHYSICIAN'S NAME (Type)	1.				22d. ADDR			1 /				
		DAVID J	. 61	LMORE		SA	L15B	URY.	MARYL	AND			
23		N. 236. DATE THERE	OF	23c. NAME OF CE	METERY O	CHARGE ORT		23d. LOCA	TION (City, town,	or county)	(Stot	le)
	KEMOVAL (Specify)		61	MANOKIN	V PRE	SBYTER	IAN	PRINC	ESS ANN	EN	MAR	441.	ND
24	BUNERAL DIRECTOR	S SIGNATURE		ADDRESS		1	4.1	D BY REGIST	~ 4				
1	1 show	10 also	x 18	COMOKE C	114	MD.	DATE	an 3 'e	C	rathur &	9 the	eng.	



VS. A15ME(5) 5M 9/55

o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (N		ed. If Institution b. COUNTY	Wicomic)
b. CITY OR TOWN	(If outside corporate limits, write RU	TRAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write RL			
Sali:	איין איין	3 yrs.	12 Salis	haare			•	
		ot in hospital, give street address)	d. STREET ADDRESS	DUL Y			e. IS RESID	ENCE
7.1	5 E. College	Arro.	1 115	E. Colles	4770		YES N	
3. NAME OF	First	Middle	lasi	4. DATE	Month	Day		
(Type or print)	AUB REY		BAILEY	OF DEATH	12	2	19 6	^
5. SEX	6. COLOR OR RACE 7.	200 - 11100	8. DATE OF BIRTH	9. AC	GE (In years II	FUNDER TYEAR		
Male		IDOWED DIVORCED		lost		Months Days	Hours Mi	n.
Og. USUAL OCCUPA	ION (Give kind of work don	e 10b. KIND OF BUSINESS OR INDU	Feb. 22, 19		-	12. CITIZEN C	F WHAT COL	JNTRY
Dry Cae	ing life, even if retired)	Own Business	Manual	33_2			17 0 1	
13. FATHER'S NAME	-caret	OMIT DUSTILESS	Mary]	U.S.A.	
	s Allen Baile	ATP						
	VER IN U. S. ARMED FORCE		INFORMANT	Hopkins	Addresa		-	
(Yes, no, or unknown) NO	(If yet, give war or dates of servi	ico)	(ma 100 - 1 W	D 43	7.00.00	-		
	ATM (Enter poly one course	21/c=10-870/L]	irs. Eloise M	Balley		Same	EVAL BETWEEN	_
	ATH WAS CAUSED BY:	11				SMS	ET AND BEATH	V.
ann	IMMEDIATE CAUSE (o)	reman	\ <u></u>			, n	~~~~~	
17/1	DUE TO	Carre O &	2 944. 0 .	000				
Conditions, if		300 0000 7	of many	7 000 0	7			
(o), stoting the			Q		1			
couse lost.) (c)							
PART II. C	THER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	ADITION GIVEN	IN PART I(o)	PERFORME	
3							YES A	0 🗍
PART II. O	AUSE WAS ONTRIBUTING 20b. 1	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of Injury in Por	or Port II of ite	m 18.)	ede		
20c. TIME OF INI	URY Month, Day, Year		ACE OF INJURY (Home, formationy, street, office bldg., etc.	n, 20f. (City or to	wn	(County)	9	tole)
Hour and	5 123 196:		clory, street, office bidg., etc	Sali	Sburg	wies	Wils	M
-		f the remains described ab	ave, held an Autaps	y D. Inspe	ction 🗇	Inquiry -	and fine	l the
		uses , Accident , Si	_/	March March	ermined car		, 404	
000111 1000111	00	1	Tomicion	, piloti				
ACTUAL	Ent L	1km w	CHIEF MEDICAL E	XAMINER 🗆			DATE SIGN	ED
SIGNATURE	00	X	M.D. CHIEF MEDICALE.			1.	- <- 6	-
EXAMINER'S NAME (Type)	Earl L. Roye	m. M.N	DEPUTY MEDICAL			12	- >	
	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION	If the town or	enumby)	/Chatas	
REMOVAL (Speci	12/8/1960						(Stote)	
23. FUNERAL DIRECTO		Asbury Churc		Mt. V	ernon.	Mary]		
		alisbury, Maryland			Calla			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. . . the state of the state of (align) to put to make THE RESIDENCE OF THE PARTY OF T Table Called Call Called Called Call

death. Poge 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14505

14486 .

1. PLACE OF DEATH O. COUNTY O'COM ICO	MARYLAND	2. USUAL RESIDENCE (Where deceased live of STATE	b. COUNTY	before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Sal 18 bury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write BURAL and giv	e nearest town)
d. NAME OF HOSPITAL (IF 961 in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS Q) 9 Roger St	- 1	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) ALISTINO	Middle LOUISE	Baker Jeann	Month ecem /	Day Year / 2 19 60
Female White Widow		B. DATE OF BIRTH JAN . 30 , 1952	AGE (In years IF UNDER 1 lost birthday) Manibs 9	
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl	. KIND OF BUSINESS OR INDU None	Salisbury, Md.		J S A
Frank A.Baker Jr		Marjorie Ful	ton	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, oc. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	romaniank A.Baker J Salisbury, Mar	r (Fäther)8 yland	319 Roger
PART I. DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	Pontine	Glioma		DO DET AND DEATH
200. ACCIDENT WAS UNDERLYING 20b. DES		NOT RELATED TO THE TERMINAL DISEASE CO		(o) 19. WAS AUTOPSY PERFORMED? YES NO P
20c. TIME OF INJURY Month, Day, Year 20d. While p. m. N/A 19 While of wo	INJURY OCCURRED 20e. PL Not while rk of work	ACE OF INJURY (Home, form, 20f. (City or clow) Act, office bldg., etc.)	N/A (Co	unty) (Stote
21. I certify that (1) (this haspital) attended to the deceased alive an Dec. 12	ded the deceased from.	June 1. 1960, to 1 death accurred at A.M. from the	e causes and an the	that () (we) last
220. SIGNATURE, C &	Collsi	40 1	PHYS. Dec.12	.1960 226. DATE SIGNED
22c. Physician Alfred C.Kol		22d. ADDRESS Medical Salisbu		and
230. BURIAL, CREMATION. 236. DATE THEREOF Dec.14,196	O Spring Hil	n crematory 23d. Location 1 Memory Gardens	Salisbury	Maryland
HOLLOWAY & COMPANY S	ADDRESS AT.T.SRIIRY MAR	YT AND	256. REGISTRAR'S SIGN	

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 should be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 1SM 9/59

MAY SCALEDIST TOURS A TO THE PART OF T 4014

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1450R	Υ.			OF DEATH			1 /	1457	7
1 PLACE OF DEATH	1-1-1-17-0		tem-9-P11m	2	USUAL RESIDENCE (W	here deceased	lived If institution	on: Residence I	before odm	ission)
	Vicomico		MARYL	AND	a. STATE Maryl:	and	b. COUNTY	Somer	set	
b CITY OR TOWN (I RURAL and give no	f outside corporate limi	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	outside corpori	ota limits, write R	URAL and give	negresi to	ws)
Salisbu	ry		787 days		Princess	Anne,	Marylan	d	13:	
d NAME OF HOSPIT OR INSTITUTION	AL (If not in haspitol, g	give street o	ddress}		d. STREET ADDRESS					ESIDENCE A FARM?
	Head State	Hosp	ital		R	oute #	1			□ NO Æ
3. NAME OF DECEASED	Fi	sl a	Middle		Last	4. DATE	Mon	th	Day	Year
(Type or print)	Net	tie	Virgi	nia	Earbon	DEATH	12		4	1960
S. SEX	6 COLOR OR RACE	7. MARRI	ED K NEVER MARRIE	D B C	ATE OF BIRTH	•	P. AGE (In years last birthdoy)	Months Do		
Female	White	WIDOWE	_	_ \	ct. 13.18	73	B# 87"	Months Do	lys Hour	Min
10a USJA, OCCUPATIO	ON (Give kind of work	done 10b K	CIND OF BUSINESS OF	RINDUSTRY	11 BIRTHPLACE (Stole	or foreign co-	unity	12 CITIZEN	OF WHAT	COUNTRY
none		1	none		Maryla			U.S.A	B	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
Geo	rge Lloy	rđ			Mary L	loyd				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17, INFO	RMANT		Addi			
				<u>_</u>	ospital H	ecord	Sal	isbury	Jul. C	L o
18 CAUSE OF DEA	TH [Enter only one co	use per lini	e for (o), (b), and (c)]						INTERVAL ONSET AN	BETWEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c)(Carcinoma (of le	t kidney				?	D DEATH
180x	DUE TO							,		
Conditions, if o		ol								
gove rise to in cause (a), stating)								
lying cause lost.	10	:)								
PART II OTH	ier significant con	iditions <u>c</u> e	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL D SEASE	CONDITION GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
20g ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OC	CURRED. (I	inter nature of injury in	Port I or Port	If of item 18.)			
20c. TIME OF INJUR	Y Month, Day, Ye	or 20d IN While at work	Not while	20e. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc	1, 20f (City	or town)	{Cau	nty)	(State
21 I certify the	ıt (1) (this haspita	l) attende	ed the deceased	from	Oct. 9 19	58 . to _	Dec. 4	1960	that (I)	(we) last
saw the deceas			4 19 60, and				the causes an			
220. SIGNATURE	777	/	/	mar aca	5:20		110 000000	ig un nic u	die siere	226 DATE
	W JULY	MI	lu,	M D	ATTENDING M	ED RECTOR	STAFF PHYS		12/	15/60°°
22c PHYSICIAN'S NAME (Type)					22d. ADDRESS					
INAME (Type)	L. V.	Maldv	e, M. D.		Deer's H	ead Ho:	spital;	Salisbu	ry, N	id.
23a. BURIAL, CREMATIO		OF.	23c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCATI	ON (City fown,	or county)	(\$1	late)
REMOVAL (Specify)	12-7-19	60	Wicomic	o Me	moriel		isbury.	14.2		
24 FUNERAL DIRECTOR			ADDRESS	A. A	25o. REC'	D BY REGISTE	AR 256 REGI	STRAR'S SIGN		
Join &	Millour	7 P	rincess A	Anne.	I.Id. DATE DI	EC 7 '6	C.	ithus d. Ti	NAME OF THE PERSON OF THE PERS	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

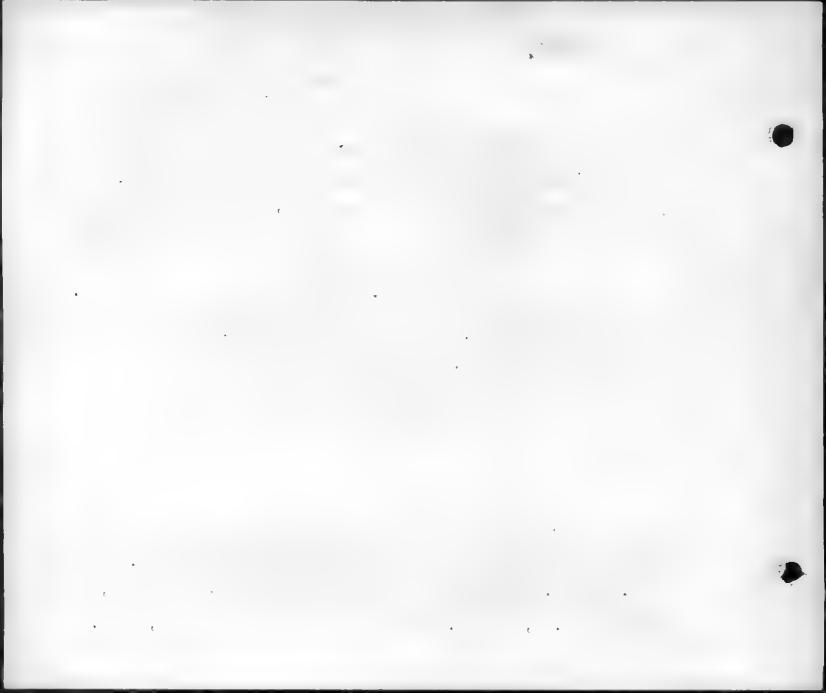
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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

Ì	14508 CERTIFICATE OF DEATH
	1. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE D. COUNTY D. COUNTY O. STATE
	b. C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Salishuru
	d. NAME OF HOSPITAL (If not inhospital, give street oddress) OR INSTITUTION PINE A Meneral Hospital 509 Canden AVE ON A FARM? YES NO
Dave	3. NAME OF DECEASED And Anth Day Year OF CONTROL OF STATE
	(Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH August 18, 1900 9. AGE (In years III UNDER 1 YEAR) IF UNDER 24 HIS ON JOYS. Months Days Hours Min
1	100 USUA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY
	House Work at Home None Russia USA
1	3. FATHER'S NAME
	/ Isaac Budefsky (No Record)
	16 SOCIAL SECURITY NO No or unknown, (if yet, give wor or doted of service) No Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)
	420 1 DUE-10 "
	Conditions, if any, which (b) (b) (b) (c) (c) (c)
	cause (a), stating the under-
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	20c TIME OF INJURY Month, Day, Year 20d IN.URY OCCURRED Hour o m N/A 19 While Not while of work of wor
	p. m. N/A 19 of work of work N/A
	21 I certify that (I) (this haspital) attended the deceased fram. 1927, to 1927, that (I) (we) las
	saw the deceased alive an
	M D ATTENDING MED DEC. 6,1960 SIGNED
	222d ADDRESS 22d ADDRESS
	230 BURIAL CREMATION, 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) 23d LOCATION (City, lown, or county) Springfield, Penna.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY SALISBURY MARYLAND DATE DEC 9 '60 C. ing & House



1	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH A	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND	
ı	14500 CERTIFICA	TE OF DEATH	14490
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decreased lived. If institution Resides	ice before admission)
	O. COJNUJCOMICO MARYLAND	o. SHIP Mary land. b. COUNTY De	mercel V
	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c CITY OR JOHN (Howlside corporate Amils, write RURAL and	afve nearest town)
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION TERINOULA CONCLITE HOSPITAL	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CLARENCE ARTHUR	BIVENS 4. DATE Month OF DEATH /2	Day Year 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	JUNE 8- 1959 AGE (In years lost birthday) Months	Doys Hours Min.
	USUAL OCCUPATION (Give land of work dane during most of working life, even if setting)	mary Tand 2	IZEN OF WHAT COUNTRY?
	13. FATHER'S DIAME LARENCE BIVENS	14. MOTHER'S MAIDEN MAME HENRIETTA HAR	RRIS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 I	Marence Bivens - Deal	Istand.
ľ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1 Ma.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY THRUMOCOC	cal meningills	
	540 DUE TO	/	?3WKs
	Conditions, if any, which (b)		
	couse (a), stating the under:		
	lying couse last. (c)	TAIGT BELLTED TO THE TERLIBLE DEFLIES CONDITION OF THE	TAN 18 WAS AUTORS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	TINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	

20c TIME OF INJURY Doy, Year Hour o m.

p. m

20d. INJURY OCCURRED While Not while at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg, etc.)

(County) (State)

21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an

19

ta and that death accurred at The M. from the causes and an the date stated above

19(2) that (I) (we) tast

220 SIGNATUR 22c PHYSICIAN'S NAME (Type)

MEDICA

M D. PHYS. 22d ADDRESS MED.

230 BURIAL,	CREMATIC L (Specify)	N, 23b

DATE THEREOF

John West

REC'D BY REGISTRAR

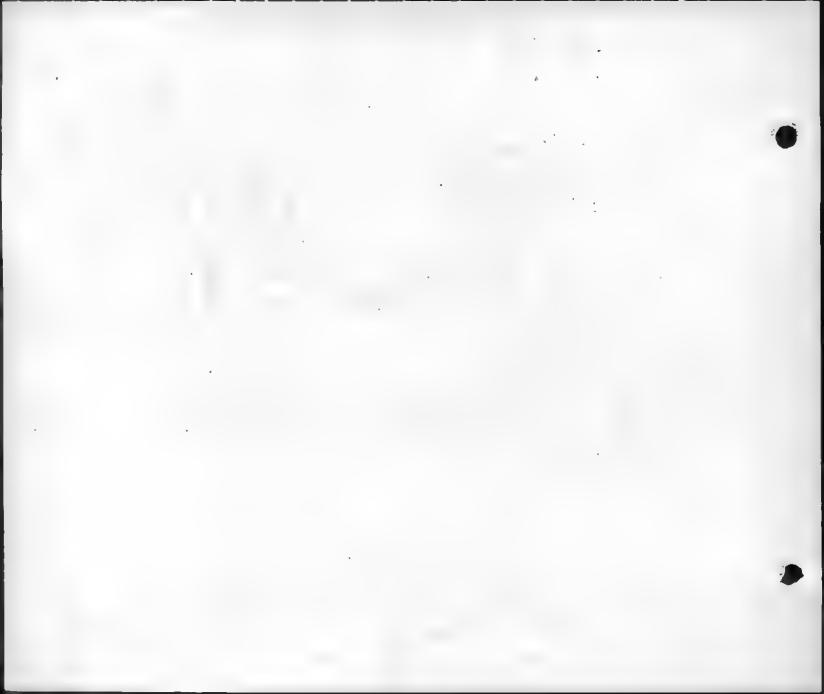
VR A15 (4) 15M 9/59

TO HOSPITAL



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MARYLAND STATE DEPARTMENT OF HEALTH



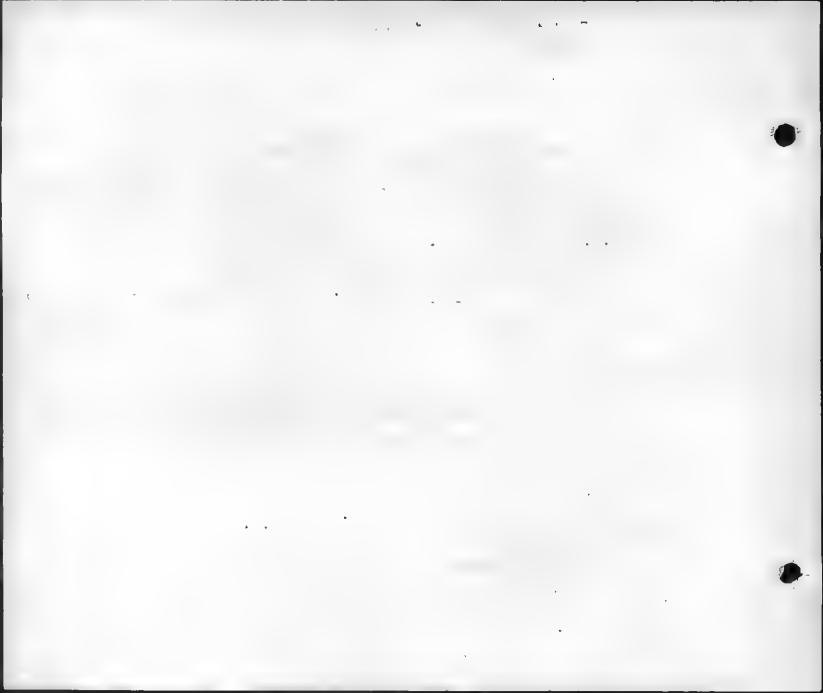
	-	N. C.
	(A
6		A.
	ter deoth.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH		2. USUAL RESIDENCE (Whe		on Residence Delare admission)				
Wicomico	MARYLAND	Maryl	and b county	Wicomico .				
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write Rt	URAL and give nearest town)				
Salishury	ince 12/16/60	Salisbur	v					
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	dress)	d STREET ADDRESS		IS RESIDENCE ON A FARM				
Pine Bluff State Hosp:	ital	123 Broa	d Street	YES NO				
NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day Year				
(Type or print) Charles	Leslie	Bourne	DEATH Dec.	. 28 19 6				
SEX Male 6 COLOR OR RACE 7 MARRIE WIDOWED		B. DATE OF BIRTH March 16, 18	9 AGE (In years lost birthday) 83 yrs.	Months Days Hours Mir				
OUSUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Clerk (R.D.Grier & Soi		ISTRY 11 BIRTHPLACE (Stole of Hamburg Time York).	New York	12 CITIZEN OF WHAT COUNTY				
Charles Warren Bourne WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S.	and economic Iss	Martha W						
Con me ne unhannel th de	214-10-899	Decords of	.ne Martin(E	Xc.)Salisbury				
1B. CAUSE OF DEATH (Enter only one cause per line				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardio-vascular disease introvn								
DUE TO								
Conditions, if any, which) (b)								
gove rise to immediate DUE TO								
lying couse lost.								
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19 WAS AUTOP				
Dr. Inch a con C	01		0 4	PERFORMED?				
		ED. (Enter noture of injury in P	ort I or Port I of item 18.)					
20c TIME OF INJURY Month, Doy, Year 20d IN.	JURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form,	20f (City or town)	(County) (Sto				
20c TIME OF INJURY Month, Doy, Year 20d IN. Hour o m. p. m. N/A 19 of work	Not while of work	octory, street, office bldg., etc.	N/A					
				10. 60 that (IV (
21 I certify that (I) (this haspital) attended saw the deceased alive an Dec. 28	1060	10.0	Maria Secretaria de la Secretaria del Secretaria de la Secretaria de la Secretaria del Secretaria de la Secr	, 17_01/ indi (i) (we) i				
220 SIGNATURE	1700 , and that	dearn accurred by I Ur	m, fram the causes an	a an the date stated above				
Erritche	·	M D PHYS ME	ECTOR X PHYS X	12/29/6				
22c PHYSICIAN'S		22d ADDRESS						
NAME (Type) %. P. Ritchin	i u.e.	Salishu	ry, Mar land					
30 BURIAN CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OF PROSPECT		23d LOCATION (Cyty lown,	or county) (State)				
Burial Jan. 3 /196	ADDRESS (21/	STRAR'S SIGNATURE				
THE TRUCK OF THE COURT OF STORY OF STORY OF STORY	k wholeson	1 430. KEC L	THE RECORD FRANCISCO REGIS	STRUCT A DICHTARTORL				

VR A15 (4) 1SM 9/59



TĮ.	TADIS CERTIFICA	TAANS			
	PLACE OF DEATH O. COUNTY W1COM1CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. STATMARYLAND b. COUNTY WICOMICO			
	b CITY OR TOWN (If outside corporate limits, write RURAL one give pearest lown) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Salisbury			
	or NAME Of HOSPITAL (If not in hospital, give street oddress) 3002 Ocean City KXXX. Road.	d. STREET ADDRESS 3002 Ocean City Road.			
	NAME OF DECEASED (Type or print) Beulah First Elizabeth	Bratten 4. DATE OF DEATH Dec. 21. Doy Year 00 19			
ı	Female White WIDOWED DIVORCED	June 9.1908. 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR			
١	USJAL OCCUPATION (Give kind of work done duping most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) Worcester County, Md. 12. CITIZEN OF WHAT COUNTRY			
ł	3. FATHER'S NAME Horace Thomas Pennewell	Bessie E. Pusey			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. M (Yes, no, or unknown) (if yes, give wer or dates of service)	NFORMANT Mr. Jesse T. BRAMMEN, (Husband) 002 Ocean City Road, Salisbury, Md.			
	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED?			
	© OR CONTRIBUTING □ CAUSE OF DEATH USE OF DEAT	D. (Enter nature of injury in Part I or Part II of item 18.)			
		LACE OF INJURY (Home, form. 20f. (City or lown) (County) (Statistically, street, office bldg., etc.)			
	2) I certify that (I) (this haspital) attended the deceased fram 19.50, to 500, to 500, that (I) (we) la saw the deceased alive an 19.50, and that death accurred at 10pM, fram the causes and an the date stated above 220 SIGNATURE 22b DATE 5 ONE 5 ONE				
	22c PHYS CIAN'S NAME (Type) Dr. Harry Mattax	ATTENDING MED. STAFF PHYS. 22d ADDRES Canden Ave, Salisbury, Mc.			
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORENOVAL SPICION Dec. 26,60 J.Wm. Lee				
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holloway & Company, Salisbury,	Md. DATE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE			

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages. Pages 1 and 2 shauld be fit ed with the State Board at Health prior to burial, cremation, or removal, and in any event-within 72 haurs ofter death. VR A15 (4) 1SM 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence Decessed lived, If 1. PLACE OF DEATH a. COUNTY director. Page a. STATE b. COUNTY necessary Wicomico MARYLAND Maryland Wicomico
c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necresi town) Wicomico b. C.TY OR TOWN til outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. STREET ADDRESS Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Por e, IS RESIDENCE ON A FARM? retained f I YES KI NO 3. NAME FING Hill Road Middle DATE DECEASED OF the (Type or print) DEATH 12-9-60 James

| 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH with 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) WIDOWED T DIVORCED 6 December 10a USUAL OCCUPATION (G ve kind of work 1Db. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fores in country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Give Pages r'arner U-S-A. 14. MOTHER'S MAIDEN NAME File-pages form PM3. 13. FATHER'S NAME #E | 3 Jatherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyesgive wer or detes of service) 40 18. CAUSE OF DEATH [Enter only one cause partine for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19. WAS AUTOPSY PERFORMED? Medical NO Pino 2De EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. of the colors of the Chief was forwarded to the Chief was AL DIRECTOR: Page 3 st 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work at work execute the certificate, 21. I certify that I look charge of the remains described above, held an Autopsy | Inspection [7] Inquiry and in my opinion death resulted from: Accident [Suicide Natural causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 M.D. SIGNATURE DEPUTY MEDICAL EXAMINER 12-12-60 Royer DEPUT EMITERY OR CREMATORY 22d, LOCATION (C NAME (Type) 9359 220. BURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 Burial 240. REC'D BY REGISTRARY 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DADEC 1 5 '60 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4566 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) · COUNTY **b.** COUNTY MARYLAND icomico Wicomico Maruland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] Delmar vrs Delmar d NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TE Street East East Street NAME OF 4. DATE First Middle Day Month Yeor DECEASED OF DEATH (Type or print) Dec. สับโปล 19th 19 60 Brewington 5. SEX 6. COLOR OR RACE 17 MARRIED TENEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) HE UNDER I YEAR IF UNDER 24 HRS. Doys Hours Min WIDOWED | DIVORCED [Feb. 10.1880 Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? Home Home New York USA 13. FATHER S NAME 14, MOTHER'S MAIDEN NAME William Wenish Augusta Sheriff IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address None Oscar Brewington. Delman 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and o(c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Cerebral auton trelam Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY arterosalonse PERFORMED? enent assemble 200 YES [1] NO D 200. ACCOSAT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Port I at Part II of item 18] 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour om Not white at work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased from M, fram the causes and an the date stated above. alive an and that death accurred at ADDRESS (Street, city ACTUAL SIGNATURE Sohlen PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Puria 12-21-60 Olive Delmar

24b. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR
DATDEC 2 3 '60

ADDRESS

VS A15 (4)

should be

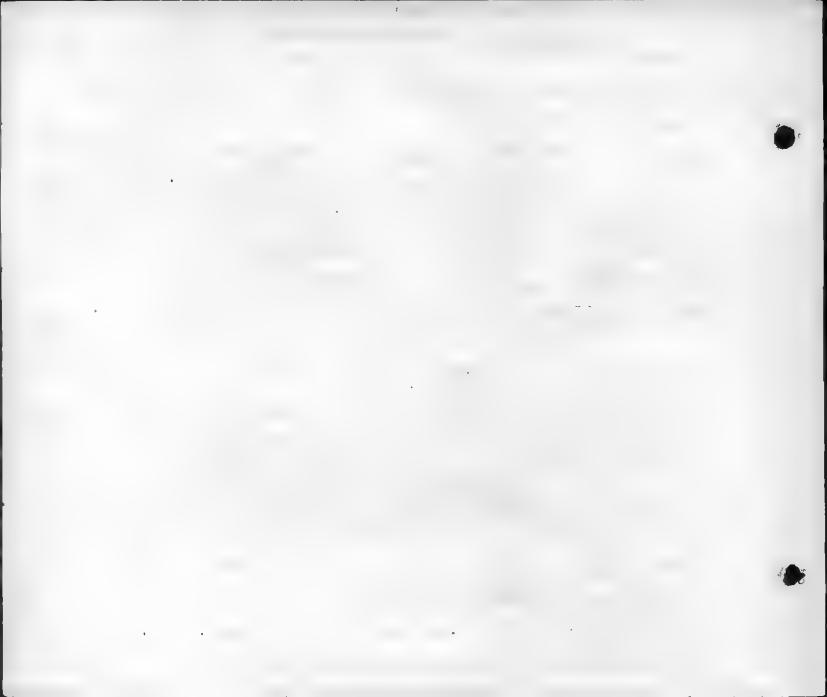
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23. FUNERAL DIRECTOR'S SIGNATURE

should

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P



death.

certificate

TO HOSPITAL

15M 9/55



TO HOSPITAL

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

14515	CERTIFICA	TE OF DEATH	14497
PLACE OF DEATH O. COUNTY WICO MICO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence of STATE Maryland. Wic	ce befare admission)
b. CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carporote limits, write RURAL and a Delmar	jive negrest tawn)
d. NAME OF HOSPITAL of not in hospital, give street or INSTITUTION GENERAL	tospital	d. street Address 300 Chestnut St	e. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print) HORACE	RALPH A	Brown DEATH December	Day Year 1960
1 1 1 1 1	WED STONE TO	B DATE OF BIRTH Dec. 1, 1890 9 AGE (In years lift UNDER Manths) 70 yrs Manths 12 CIVIL 12 CIVIL 1890	1 YEAR IF UNDER 24 HRS. Doys Haurs Min ZEN OF WHAT COUNTRY?
during most of working life, even if retired)	oloyee	Wicomico County, Md. U	SA
Noah James Brown		Louisa Alice Oliphant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. Ves no or unknown) [If yes give wor or dotes of service] Unk	6. SOCIAL SECURITY NO Min	Walter J. Brown (Brother) Del Rue Hastings (Sister) 300 CP	mar Marylan lesthut St
PART I DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate	Ine for (o). (b), and (c).] Afex Ich	Theretosis	INTERVAL BETWEEN ONSET AND DEATH /O work
cause (a), stating the under- lying cause last.		endolin	
PART II OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19 WAS AUTOPSY PERFORMED? YES NO K
206. ACCIDENT WAS UNDERLYING 206. DI OR CONTRIBUTING 206. DI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED N/A	D (Enter nature of injury in Part I or Part II of item 18.)	
A Haur a m. N/A Whi		ACE OF INJURY (Hame, farm., 20f (City or town) (1 Ctary, street, office bldg., etc.)	County) (State)
		death occurred of 3 M, from the causes and an the	, that (I) (we) last e date stated above.
220 SIGNATURE	元成一方·	M D PHYS MED DIRECTOR STAFF Dec.	15,1960 DATE
NAME (Tyre)	Fisher Jr		y, Maryland
230 SUR AL, CREMATION, 236 DATE THEREOF BURIAL Dec.18,196	23c NAME OF CEMETERY O		<u>'</u> '

24. FUNERAL DIRECTOR'S SIGNATURE

COMPANY

HOLLOWAY

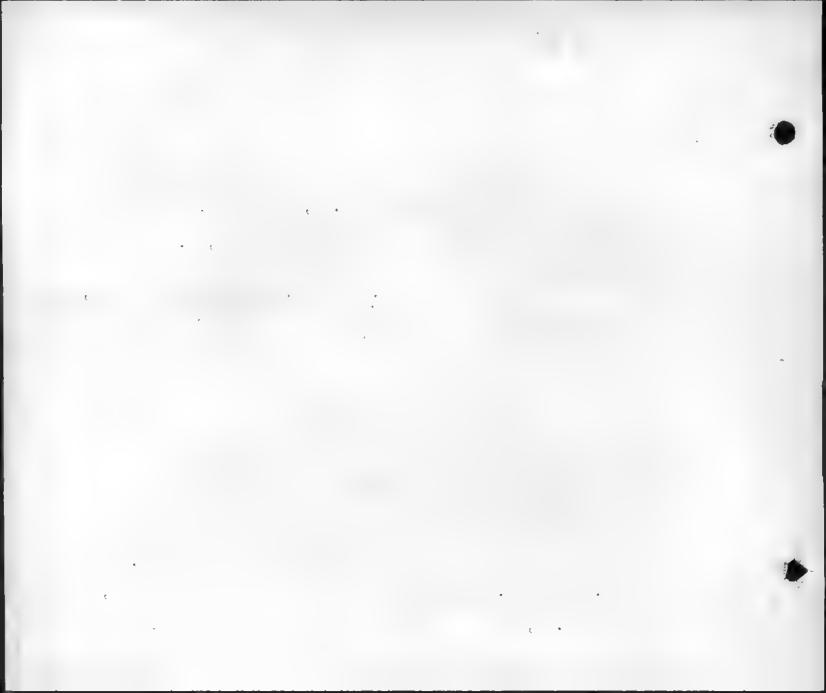
SALISBURY MARYLAND

ADDRESS

25a. REC'D BY REGISTRAR DEC 2 0 '60

DATE

256 REGISTRAR'S SIGNATURE Cirilhan & Flines



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission filed COUNTY o. STATE Wicomico MARYLAND Marvland funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give project town)
Parsonsburg should -months Salisbury rhe d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Vichols Nursing Home 12 5 E. Isabella 223 and c NAME OF First Middle DATE filled DECEASED SIDNEY Pages death. (Type or print) EDWARD CALLOWAY DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH Male White DIVORCED [7] WIDOWED [papers. 100 USUAL OCCUPATION (G've kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Trucking Co) Salisbury, Maryland Retired Employee(Victor Lynn muq pou 2 13 FATHER'S NAME g physician remave cark c Charles Edward Calloway Nancy Jane Elliott WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI Edward_Calloway(Son)625 No altending isbury Maryland please Aud 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which permit (b) signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. physician. buriol-transit F has been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 cremotion, attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) ficate DICAL 20c TIME OF INJURY Month. 20d INBURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg , etc.) While 0. m Not while After this of work of work 19600 6 Pand that death accurred at saw the deceased alive an RETOR 22o. SIGNATURE þ ATTENDING PHYS MED DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type FUNERAL I Dr.William B.Smith Salisbury Maryland page 3 sh the State | 236. DATE THEREOF 23a BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY Burial PARSONS Jan.1.1960 CEMETERY

ADDRESS

SALISBURY MARYLAND

DATE AN 3

MARYLAND STATE DEPARTMENT OF HEALTH

b. COUNTY Wicomico IS RESIDENCE ON A FARM? YES NO K Month Yeor DECEMBER 30tH9 9 AGE (n years IF UNDER TYEAR IF UNDER 24 HRS. lost birthdoy) Months Hours yrs 12. CITIZEN OF WHAT COUNTRY? S.Division INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO X (Stote) 12-30 1966? that (1) (we) last OOA, from the causes and an the date stated above. 22b DATE SIGNED 23d LOCATION (City, town, or county) (Stote) Salisbury, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & House

death

VR A15 (4) 15M 9/59

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24 FUNERAL DIRECTOR'S SIGNATURE

80

COMPANY

HOLLOWAY



W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY COM MARYLAND b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outs de corporele lim is, write RURAL end g ,wr to RURAL and giva nearest lown) Arzens bur u d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) TREET ADDRESS Boar ON A FARM? retained he State B YES | NO | 3. NAME OF Middle Month DECEASED (Type or print) with safte 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED V 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) pages 1 in frem 18. Give Pages PM3. 13. FATHER'S NAME MOTHER'S MAIDEN NAME File form Address 16. SOCIAL SECURITY NO. 17. INFORMANT permit. with 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along w burial-transit p moval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) hours in pencil DUF TO amoval. Conditions, if any, which (b) geve rise to immediata cause 170 DUE TO (a), sletting the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a), 19. WAS AUTOPSY PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremate Arteriosclerotic heart disease NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of insury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | in relate area poorly dres ed 1 .111. CAUSE OF DEATH. Buh freezin, te per ture WEDICAL 20s. PLACE OF INJURY (Home, farm, 20f. (City of lown) 20c. TIME OF NJURY 2Dd. INJURY OCCURRED (County) (Stete) factory, street, office bldg., etc.) 19 (O et work [at work Farconcburg 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection Inquiry and in my opinion death resulted from. Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) Addrass (Street, city, town, or county) BURIAL CREMATION 1 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL [Specify] 0 FUNERAL DIRECTOR 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

page 0 VS A15 (4)

15M 9/58

EUNERAL DIRECTOR'S SIGNATURE

4560 Reg. Dist. No.

Queen Anne's

a. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

PERFORMED? YES NO NO

(Stote)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

245 REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

DATEDEC

YES NO R

Year

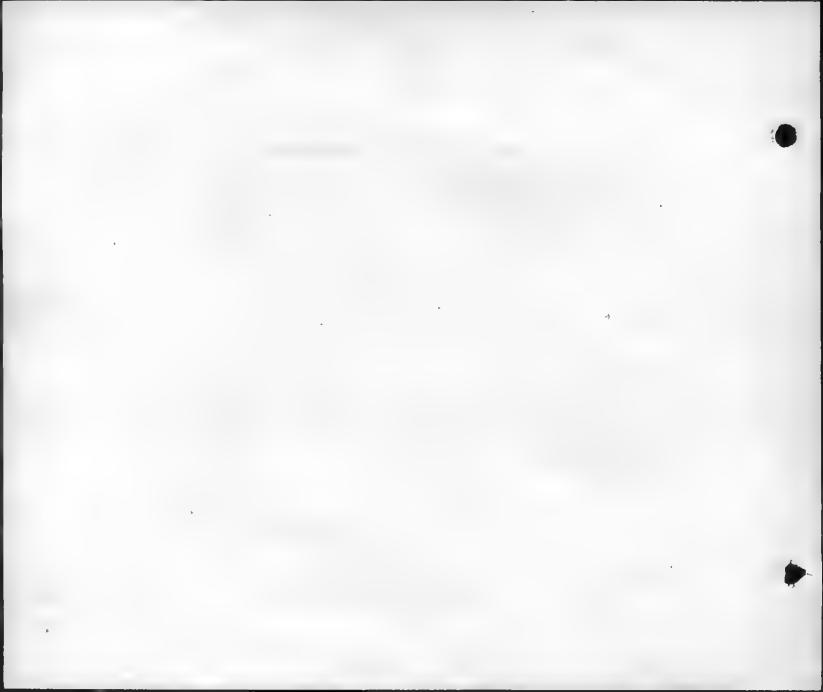
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Pierre eg. Culture en

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 14517 RTIFICATE OF DEATH 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND COMICO erd b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 8 c CITY OR TOWN LIF outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) v 15041 d NAME OF HOSPITAL (If not in baspital, give street address) d STREET ADDRESS ON A FARM? OR INSTITUTION YES NO T eninsula Tenera and E DATE NAME OF Middle First Year eg DECEASED OF (Type or print) m3.39 1960 Margaret B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years S SEX campletely last birthday) Months Days Hours DIVORCED [WIDOWED [e papers. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup Domestic larvland U.S.A. Fog. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 50 .⊆ remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? IA. SOCIAL SECURITY NO 17 INFORMANT Address aftending MO edse INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c). ONSET AND DEATH ā DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** à Canditions, if any, which (6) gned gave rise to immediate per **DUE TO** cause (a), stating the underbeen si lying cause last. as the burial-transit ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY FICATION PERFORMED? crematian YES NO 20° ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or lawn) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) While O. m Nat while After this at work of work p. m. 3 shaufd be detached for 1960 19_0; that (I) (we) lost 21 I certify that (I) (this haspital) attended the deceased from 1/2. Health 19.0. and that death occurred at QAM, from the couses and on the date stated above. sow the deceased olive on FUNERAL DIRECTOR: 22a. SIGNATURE 22b/ DATE /SIGNED ATTENDING PHYS M.D DIRECTOR -PHYS 6 6 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 sh the State I 23b DATE THEREOF 230 BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION IC by town, or county) (State) REMOVAL (Spec fy) Suria, r.ed 0 24 FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE DEC 2 0 160 11 1 & Heart **VR A15 (4)** 1SM 9759

requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution- Residence before admission) · COUNTY a. STATE MARYLAND 0 CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest lown) è RURAL and give negrest town) 70 d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS S RESIDENCE OR INSTITUTION ON A FARM? 22 OCOMOKE YES NO TO c NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH Ē F.C.F-MBFA 19 60 S SEX 6. COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED HIVEVER MARRIED B. DATE OF BIRTH last birthday) Manths House WIDOWED [DIVORCED | papers. ᇂ 100 LSUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? LABOYEY puo 13 FATHER'S NAME 14. MOTHER'S Ę. <u>H</u>. physicia гето 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT ottending NO 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gned gove rise to immediate per DUE TO couse (o), stating the underlying couse lost buriol-tronsit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACC DENT WAS UNDERLY NG []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY SCLURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. While Not while p. m. at work at wark 1960, to 12 Dec 21 I certify that (1) (this haspital) attended the deceased fram. DEC .. 1960 that (i) (we) last 1960, and that death occurred at 1740, from the causes and on the date stated above. saw the deceased alive an 12 TO FUNERAL DIRECTOR: 22a, SIGNATURE 22b. DATE þ ATTENDING A SIGNED MED DIRECTOR STAFF M D. 22c PHYSICIAN'S 22g. ADDRESS NAME (Type) TO HOSPITAL poge 3 shifthe Stote (T) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d_LOCATION (City, town, or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 256 REGISTRAR'S-SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) DATE anthur & Types 1SM 9/59



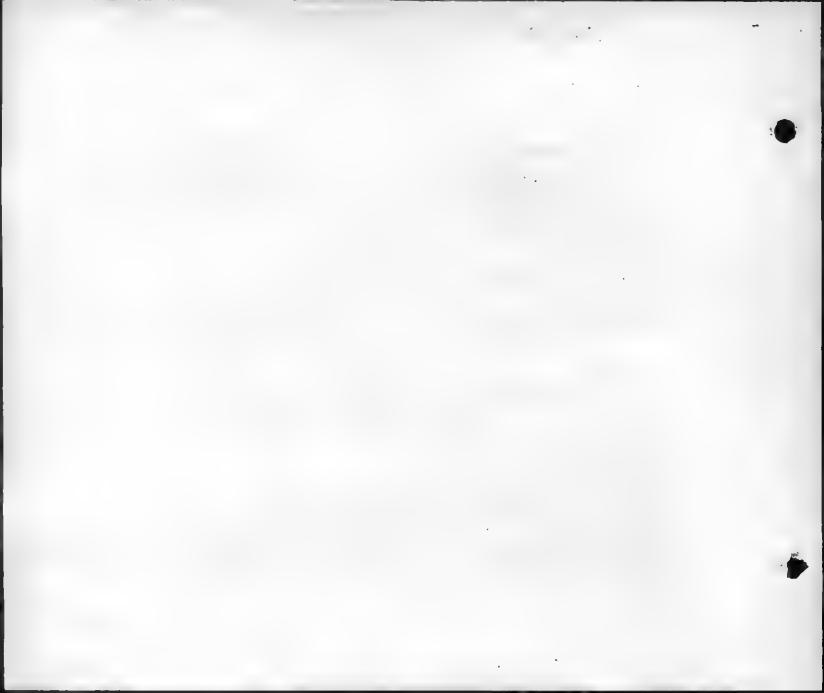
		-
TO HOSPITAL CATEBOOK PHYSICIAN; The law requires that the death certificate be executed within 24 haurs for death. Page 4	TO IVERAL MERCION After this certificate has Been signed by the attending playsicion and completely filled in by the funeral director.	the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH

14520 CERTIFICATE OF DEATH

ı	149%()	CERTIFICATE	OF DEATH		14564
ı	1 PLACE OF DEATH	2		deceased lived. If institutions	Residence before admission)
d	· COUNTY WICOMICO	MARYLAND	o. STATE MARYLA	AD 6. COUNTY	NORCESTER!
	b. CITY OR TOWN (If outside corporate limits, write c. LEN	GTH OF STAY IN 16		ide corporate limits, write RURA	
1	Salisbury	DAY	Pocom	OVE CITY	7.4
ı	d. NAME OF MOSPITAL (If not in hospital give street address)		d STREET ADDRESS	0.1, C	e IS RESIDENCE
ı	Peninsula General Hose	ital	OAK S	TREET	ON A FARM? YES NO 🔀
i.	3. NAME OF First	Middle		DATE Month	Day Year
1	(Type or print)	0.0	Jim. t.	OF M	- 0 10/4
ı	LNMI!	NEVER MARRIED B. I	DATE OF ERTH	9 AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS
I	Fomale White WIDOWED M	DIVORCED 🗆 🚨	ורפו ח ווכם	4 lost birthday) M	onths Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b, KIND C	- 7	Y 11. BIRTHPLACE (State or	0.0	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	_	maguio	140	U.S.A.
	HOUSEWIFE		14 MOTHER'S MAIDEN NAM	AE .	V.S.A.
1	WILLIAM T. ADAMS		fahati k	10. 24	
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	SECURITY NO. 17 INFO	RMANT UNKA	Address	
	(If yes, give war or dates of service)		MON IN CON	LINETONI POCO	MOKE CITY MI
	18. CAUSE OF DEATH [Enter only one couse per lyme] for (c		DARD W. COV	INGTON, MOGO	NTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	1 101 6119 101	lo anna Li	7	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	evral	rowyy w	nge	- lady
	DUE TO				
	Conditions, if any, which (b).				
	couse (a), stating the <u>under-</u>				
	Iying couse fost. (c) (c)	PLITING TO DEATH BUT NO	OT DELATED TO THE TERMINIA	DISEASE CONDITION GIVEN	INI PART I/O 19 WAS A ITOPSY
	O FAM IF OTHER SCHNIFTCHAF CONDITIONS CONTRI	SCHOOLO DENTH BUT NO	D) KELATED TO THE TERMINA	L DISEASE CONDITION SIVEN	PERFORME D7
	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE H	OW INJURY OCCURRED	Enter nature of injury in Part	t Lor Port II of Hem 18)	YES NO I
	PANT IF OTHER SIGNIFICANT CONDITIONS CONTRIL 200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE H OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INSORT OCCURRED.	Enter holore of higory in ron	To refin a new roy	
		OCCURRED 200. PLACE	OF INJURY (Hame, form,	20f. (City or town)	(County) (Stole)
	Hour o.m. While N	lot while factor	y, street, office bldg., etc.)		(
			12/1 196	0 10 12 12	
	21. I certify that (I) (this haspital) attended th				, 19 <u>66</u> , that (1) [we) last
	saw the deceased alive an 220 SIGNATURE	タ_&U, and that dea	ith accurred at ZZ_HM	, from the causes and	an the date stated above
1	X March 1-26	M.E	ATTENDING MED.	CTOR STAFF	SIGNED
	22c. PHYSICIAN'S	M.I.	22d. ADDRESS	JOK PHIS	12-2-0
	NAME (Type) DAVID J. GILMO	RE	SALIEBU	RY MARYLI	anh
		NAME OF CEMETERY OR C		ld LOCATION (City, fown, or c	
	BURIAL 12-4-60 CF	USFIELD CE		CRISEIFAN	MARYLAND
		DDRESS		BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
-	012111	MOKE CITY,	MA DATE DEC		and & Times
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HONE GILL	Lind Division	- Uni	MAN S ? Habile



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where declared lived. If institution, Residence before admission) Filed. o. COUNTY b₄ COUNTY MARYLAND 100 MICC ICOMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ RURAL and give nearest town) by the ... nd 2 should t RON ISDUC d. NAME OF HOSPITAL-(If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION enero pup .= NAME OF 4. DATE Middle Month filled DECEASED THOMAS Pages death (Type or print) DEATH cem 5 SEX 6 COLOR OR RACE MARRIED M NEVER MARRIED 8. DATE OF BIRTH AGE (In years campletely lost birthdoy) 72 hours ofter DIVORCED [7] WIDOWED [7] papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY During most of working life, even if retired) 11 BIRTHPLACE (State, or foreign country) 0 and carban 14 MOTHER'S MAJOEN NAME physician within RPSON гетоме 17. INFORMANT S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending ease CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c). ā. PART I. DEATH WAS CAUSED BY: DUG'T à permit. removol Conditions, if ony, which been signed gove rise to immediate DUE TO cause (a), stating the under **burial-tronsit** lying couse last. ar attending physician ò PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, 20g. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) cert ficate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED foctory, street, office bldg., etc.) Hour o m. While Not while After th's at work at work p. m. 20 callyc19 OUthat (1) (we) last should be detached 19,00, and that death accurred 37 P.M. from the causes and on the date stated above www.the deceased alive an FUNERAL DIRECTOR: by the 22a. SIGNATURE ATTENDING STAFF **Board of** DIRECTOR M.D PHY5 PHYSICIAN'S 22d ADDRESS ANIAME (Type poge 3 sh the State 230 BURIAL, CREMATION, 12MOXAL (Specify) DATE THEREOF 23Ь LOCATION (City, fown, or county) (Specify) 0 25b REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) DURZ Cothur S. Track

IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? YES NO Z

(State)

22b. DATE SIGNED

(Stote)

Days

(County)

Months

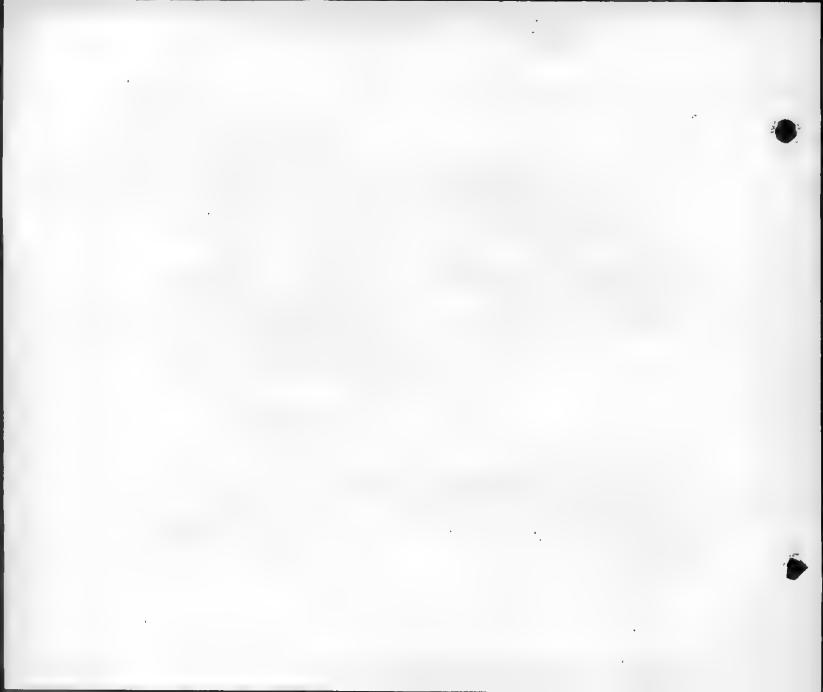
ON A FARM? YES NO I

Year

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a. COUNTY o STATE b. COUNTY Wi comi co MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Salisbury davs d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Deer's Head State Hospital 118 E. Chestnut Street YES NO NAME OF 4. DATE First Middle Month Yeor Day DECEASED Clinton DEATH (Type or print) Dashiell Dec. 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE-OF BIRTH S SEX 9 AGE (In years low birthdoy) Months Days Hours Male Colored WIDOWED DIVORCED | 29, 1902 58 yrs Jan. 10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (It was give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for lo), (b) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 120f (City or town) Month. 20d. INJURY OCCURRED (State) Doy, Year (County) foctory, street, office bldg., etc.) Hour a.m. While Nat while at wark ot work p. m. 21 I certify that (I) (this haspital) attended the deceased fram July 6 Dec. 22 19 60 that (I) (we) last saw the deceased alive an Dece 22 1960, and that death accurred at 7. P.M. from the causes and on the date stated above. 22o. SIGNATURE 226 DATE SIGNED ATTENDING DIRECTOR T PHYS 22¢ PHYSICIAN'S 22d ADDRESS Juerman, M. D. NAME (Type) Deer's Head Hospital; Salisbury, Md. 23a. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Anatomy Board of Md. Baltimore, haryland 12-28-60 Removal 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** DATEDEC 3 0 '60 Booker M. West, Balisbury, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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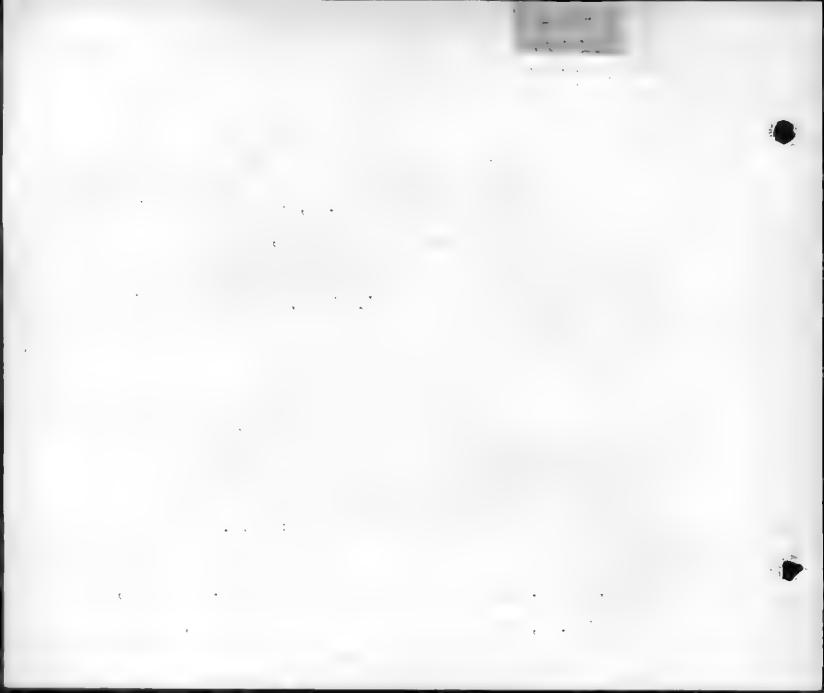
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FUNERAL DIRECTOR: oge 3 should be detoc 2 VR A15 (4) 15M 9/59



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for death. Page 4 may be rebailed by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled, with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72-bayes after death.

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DIVICION OF CTATICTICAL O	PECEADON AND	DECORDE		
DIVISION OF STATISTICAL R	CONTRACT LAID	KECOKD3 -	BALLIMORE	I, MARTLANI
14523 CER	TIFICATE	OF DEA	HTA	

1.	PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deceas			before odmi:	ss on)
	Wicomico MARYLAND				LAND	o. STATE Maryland b. COUNTY Talbot					
	b. CITY OR TOWN (If RURAL and give new	arest town)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN	(If oulside corp	orate limits, write l	RURAL ond giv	re nearest low	rn)
L		alisbury		4 Mos. 22	Da.	277.75.00	ton		ol.	4	
	d. NAME OF HOSPITA			The state of the s		d. STREET ADDRESS				ON.	SIDENCE A FARM?
	De	eer's Head	Stat	<u>e Hospital</u>	[122	Goldsh	orough S	treet	YES] NO 🔯
3	NAME OF DECEASED	Fie	st	Middle		Last	4 DATE	Mo	nth	Day	Year
_	(Type or print)		ednum		-	Dee	DEATI	The	cember	24	19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	ED 📆 🛭	DATE OF BIRTH .		9. AGE (In years lost birthday)		YEAR IF JND	
L	Male	White	WIDOWI			3/16/188	5	75 yrs	I VIOLINIA D	075 1,510015	TVIII1.
10	 USUAL OCCUPATIO during most of working 	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (SI	tote or foreign	country)	12. CITIZE	N OF WHAT	COUNTRY?
1_	Organi:	st		Unk.			aryland			U. S.	. A.
13	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	Alexand	der Lednum				S	arah El	iza Clif	ton		
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17 IN	FORMANT		Add	śress		
Ĺ	le	,		hore		Hospital	Record	ls Sal	sbury.	Mary	and
	18. CAUSE OF DEATH [Enter only one cause per line food), (b), and (c)]										
	PART 1. DEATH WAS CAUSED BY. Congastive skart Tarlore yelley										
	750 DUE TO 2-1										
L	Conditions if any, which) (b) (Steres seles or										
L	gove rise to in	nmediote ()	Company.							
П	lying couse lost.	ne <u>under-</u>									
Z	PART II OTH			CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TE	RMINAL D SEA	SE CONDITION GI	VEN IN PART I	(o) 19. WAS	AUTOPSY
CATION											ORMED?
CERT FIC	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING []	206. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury	in Part Lar Pa	ort If of item 18.)			
				ALLEN A COMPANY	FOO. DIA	CC OC INTURY AL	505 (0)				15
MEDICAL	20c TIME OF INJURY		or 20d. H While	NJURY OCCURRED Not while	foci	CE OF INJURY (Home, I tory, street, office bldg.,	elc.)	ly or fown)	(Co	unty)	(Stole)
₩.		19	ot wor	k ot work		- 1: / -	1				
ı	21 I certify that	(I) (this hospital	l) attend	led the deceosed	from	8/4/60	19, to	12/21/3	20, 19	, that (I)	(we) lost
		ed alive an 12	2/3/1/.	60 19 , ond	that d	eath occurred at	8: M, fran	n the causes o	nd an the	dote state	d abave
	22o SIGNATURE	4	17	20	,	ATTENDING	LLOA . M	STAFF		2	2b DATE \$ GNED
		Les of	_	aury	A	A D PHYS.	DIRECTOR [PHYS X	12	121/60)
	22c. PHYSICIAN'S €/ NAME (Type)					22d. ADDRESS					
		L. L. La	awry.	M.D.			Salisb	ury, Mary	land		
23	BUR AL CREMATION	N. 230 DATE THEREC	OF	23c NAME OF CEM	ETERY OF	CREMATORY	23d LOS	ON (City, town,	or county)	(Ste	ote) j
	A A	vice vb,	1960	andrew	x-g V	fell	(6)	rolon	•	Clav.	stand
24	WHEREAN DIRECTOR'S	SIGNATURE	'	ADDRESS	1	250. 6	REC'D BY REGI		ISTRAR'S SIGN	NATURE /	
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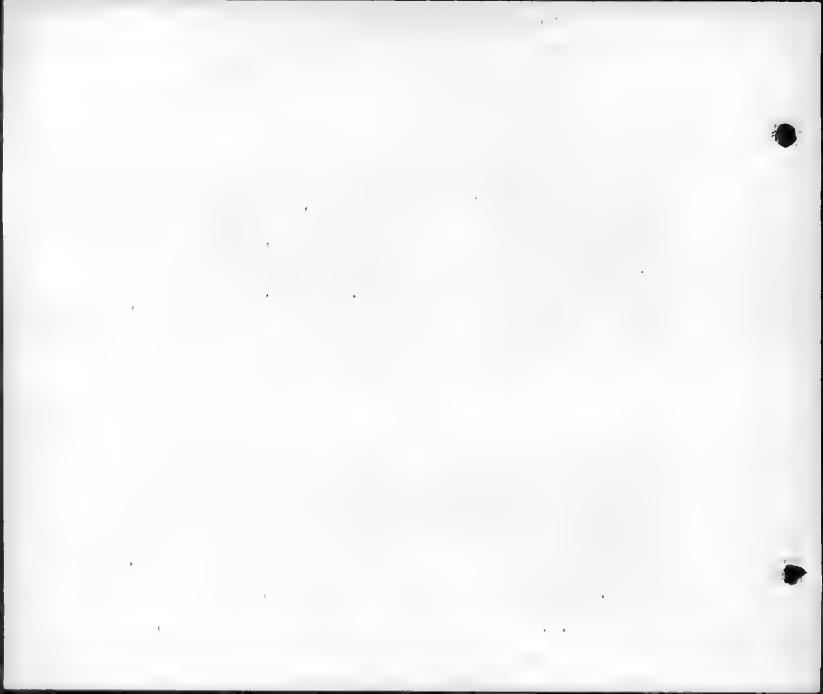
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		LACE OF DEATH WICOMICO		MARYL		USUAL RESID		re deceased live /land	d. If institution. b. COUNTY		fore admiss	ion)
-	b	CITY OR TOWN (If autside corporate limits, RURAL and give peared town) Salisbury	write c. LEN	GTH OF STAY I	N 1b	c. CITY OR T		tside corporole l La rds	imits, wrote RUR	AL and give r	nearest town)
-		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Spring Hill Private Sanitarium d. STREET ADDRESS								FARM?		
2.00	0	NAME OF First DECEASED Type or print) BENJA		FRANKL	ΓN	DENNI		4. DATE OF DEATH	DECE		7 04	fear 19 60
	5 \$	Male White	WIDOWED [DIVORCED	_ Ju	ate of Birth	,1888	3 7	2 pirthday) yes.	HONDER I YE		Min
	Re	. USUAL OCCUPATION (Give kind of work do during most of warking life, even if retired) etired Farmer	ine 10b. KIND C	Farm1	ng	W111	ards,	Maryla	_	12.CITIZEN	S A	QUNTRY?
		Alison Dennis						tleton				
	(Yes,	WAS DECEASED EVER IN U. S. ARMED FORC. Too, or unknown) (If yes give wor or dates of sen		L SECURITY NO.	Mrs	Esth	er D.	Denn1	(Wife)	ls, Mar	ylan	d
	-	18. CAUSE OF DEATH Enter only one country of the co	arti	nary sols se	g G.A.	Med -	My	prit.	4241	2	NTERVAL BE	DEATH 2247
)	CERTIFICATION	PART II. OTHER SIGNIFICANT COND								I IN PART I(o	PERFO YES	RMED?
		OR CONTRIBUTING CAUSE OF DEATH	N/A	OW INJURY OF								
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. N/A 19	While _ N	OCCURRED lot while t work	foctory,	street, aftice	lame, form, laidg., etc.)	20f. (City or to	N/A	(Count	lγ)	(State)
		21. 1 certify that (I) (this haspital) saw the deceased alive an 220 SIGNATURE	_ /	11		h accurred	19.2 Lat&_ <i>34</i>	7, ta 12 Middle the	*	_, 196_6, an the do	ite stated	
		22c PHYS CIAN'S NAME (TYPE)	7		M.D	ATTENDING PHYS. 22d, ADDRE	SS DIR			ed.	/1	966
	23a	BJRIA., CREMATION, 236 DATE THEREOF		NAME OF CEME	TERY OR CR			Maryla 23d LOCATION	(City, town, or		(Stot	e)
	-	Burial Dec. 4,19 FUNERAL DIRECTOR'S SIGNATURE		illard ODRESS	s Cen	etery	25a. REC'D	BY REGISTRAR	lards,	Maryla		
	Н	OLLOWAY & COMPANY	SALI	SBURY	MARYI	AND	DATEC	6 '60	Cuth	S. Krau	4	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH of director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Wicomico Marvland b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) اق RURAL and give nearest town) Salisbury 245 days Cordova d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Deer' Head State Hospital puo 4. DATE First Middle Month DECEASED DEATH (Type or print) John Edward Dobson death December 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) Colored WIDOWED DIVORCED [7] Male CGEDD 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. LABBYEL 13. FATHER'S NAME ğ physician гетал 17. INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (d).] ā PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (g) Chronic uremia DUE TO Chronic pyelonephritis ģ been signed by I-transit permit. Canditions, if ony gove rise to immediate **DUE TO** Urethral stricture couse (a), stating the underlying couse lost. burial-transit PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cremation, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) 90 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED factory, street, affice bldg, etc.) Haur a.m. While Nat while at wark at wark Dec. 8 1960, and that death accurred at ___ M, from the causes and an the date stated above. saw the deceased alive an 220 SIGNATURE þ MED DIRECTOR PHYS PHYS X 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Deer's Head Hospital; Salisbury, Md. 23g BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY TMOVAL (Specify)

TO FUNERAL DIRECTOR:

(State)

Talbot

ON A FARM? YES IL NO F

Year

19

FUNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

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l vear

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250 REC'D BY REGISTRAR Calmy S. Kine

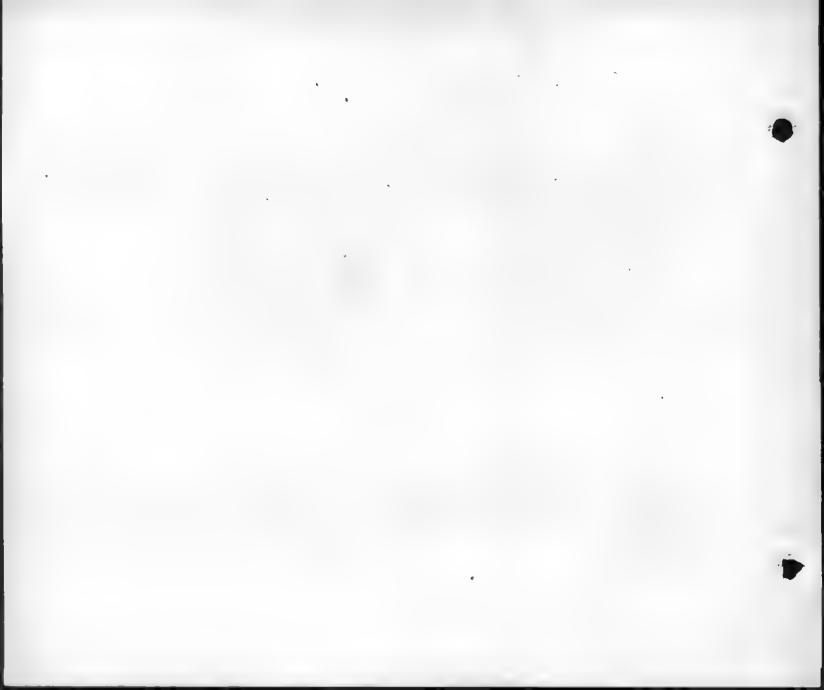
VR A15 (4) 15M 9/59

FUNERAL DIRECTOR'S STGNATURE

128 MARY E. Dobson

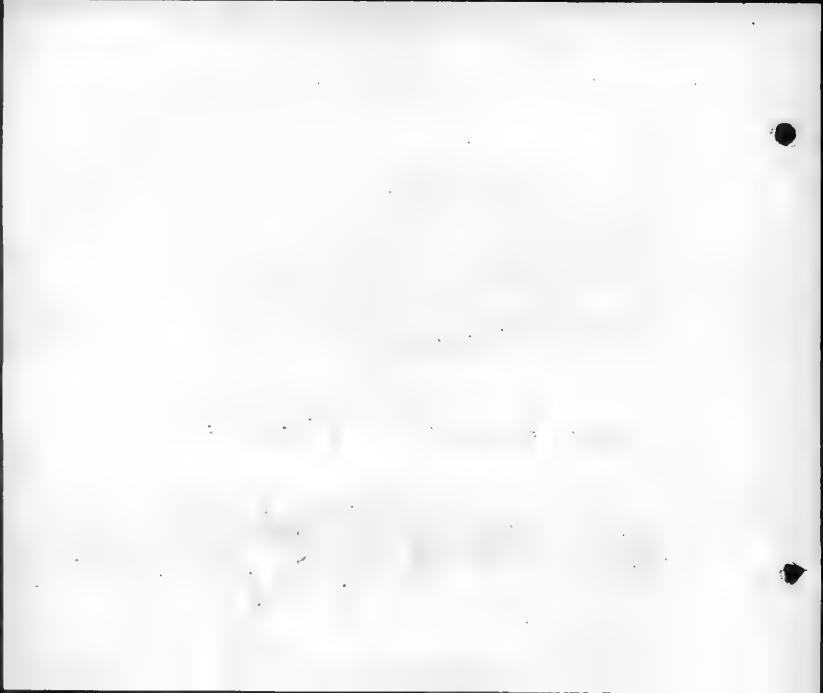
CERTIFICATE OF DEATH directar, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed a. STATE b. COUNTY MARKET ARKS 160m160 1m160 funeral b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should SALISBURY d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CAIN SULA YES NO ? and Ξ NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 196 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH 9. AGE (In years pletely ofter last/birthday) Months Days Haurs 1-81174hc WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) рив 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME Б physici 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address attending please 18. CAUSE OF DEATH [Enter only one couse per line fat (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO þ permit. Conditions, if ony, which gned gove rise to immediate **DUE TO** cause (a), stating the underbeen si lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY crematian, PERFORMED? has YES NO or attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) TO HOSPITAL ATTENDING PHYSICIAN:
may be rectiful by the haspital or attending
TO FUNERAL DIRECTOR: After this certificate ŝ 20c TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) foctory, street, office bldg , etc.) Hour a m. While Not while D. m at work 🔲 at work 🦳 12 - 31, 1960, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. detached saw the deceased alive an 12 2:32 196, and that death accurred at 45M, from the causes and on the date stated above. 22o. SIGNATURE 22b, DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS pe M.D Board 22c PHYSICIAN 22d. ADDRESS NAME (Type) page 3 sh the State (C) DATE MHEREOF LOCATION (City, town, 23a BUR AL, CREMATION 23b 23c NAME OF CEMPTERY OR CREMATORY or county) (Stote) TREMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) DATE 15M 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH

filed funeral 8 70 shaul by 2 puo requires that the death certificate be executed within 24 hour Ξ completely filled ond è physician attending ease ă the permit, gned After this certificate has been si as the burial-transit physicie ar attending ATTENDING PHYSICIAN: by the haspital ar attending detached far TO FUNERAL DIRECTOR: 3 should be



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be rek. 3 by the hosp toll or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transil permit. Then please remaye carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 72 hours ofter death

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 14598 CERTIFICATE OF DEATH

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200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18.) 200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18.) 200. TIME OF INJURY Medical examiners 20d Injury occurred 20e PLACE OF INJURY (Home, form, lown) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Stote foctory, street, office bldg., etc.) 20f (City or town) (Caunty) (Ca	TIUCO	OERTH TO	TE OI BEATH		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: C 2 of	7/3- 1		B dank	1 12- 11	ř.
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20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o, m. 19 While of work of	O TAKE SE OTHER SECRET CONDITIONS CO	NIRIBCTING TO DEATH BU	I NOT KEDATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	PERFORMED?
Hour o, m. 19 While of work of factory, street, office bldg., etc.) 21 Certify that (1) (this haspital) attended the deceased from // 25 62 . 19 . to 2 / 15 . 19 . , that (1) (we) to saw the deceased alive an 12 / 562 . 19 . , and that death accurred at 25 M, from the causes and an the date stated above 220 IGNATURE	206 ACCIDENT WAS JNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Port I	(I of item 18.)	Ť
p.m. 19 of work of wor		URY OCCURRED 20e P	ACE OF INJURY (Home, form, 20f (City of	or town) (0	County) (State)
21 I certify that (1) (this hospital) attended the deceased from 1-25 62. 19 to 2 125, 19 that (1) (we) loss saw the deceased alive an 12-5 62. 19 and that death accurred at 22M, from the causes and an the date stated above 22p IGNATURE 22b DATE PHYSIGIAN'S NAME (Type) PHYS DIRECTOR PHYS DIRECTOR PHYS SIGNE 22c PHYSIGIAN'S NAME (Type) PHYS DIRECTOR PHYS DIRECTOR PHYS SIGNE 22d ADDRESS 70 CAMBO CAMBO PHYS 22d LOCATION (City town, or county) (State) PREMOVAL (Specify) DEC 7.146 2.165 FARM AIR LOCATION (City town, or county) AIR	Hour o, m. While		ictory, street, office bldg., etc.)		
Sow the deceased alive an 12-3-562-19, and that death accurred at 22M, from the causes and an the date stated above 22p signature 22p signature ATTENDING MED DIRECTOR STAFF PHYS DIRECTOR PHYS DIRECTOR PHYS SIGNE 22d. ADDRESS NAME (Type) PHYS DIRECTOR PHYS DIRECTOR PHYS SIGNE 22d. ADDRESS NAME (Type) PHYS DIRECTOR PHYS DIRECTOR PHYS SIGNE 22d. ADDRESS PARAL, CREMAT ON 23b DATE THEREOF PHYS DIRECTOR PHYS DIRECTOR STAFF PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d BUR AL, CREMAT ON 23b DATE THEREOF PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PREMOVAL (Specify) PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE 23d LOCATION (City town, or county) PHYS DIRECTOR SIGNATURE			11.25 () 10	7 3 4 20	4
226 JGNATURE ATTENDING MED STAFF SIGNE					* * * * * * * * * * * * * * * * * * * *
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NAME (Type) PAYMOND MYOLU 707 CAMBO 12 12 12 12 12 12 12 12 12 12 12 12 12				PHYS L	12.6.60
PREMOVAL (Specify) DEC 7,1466 1.1615 FARM AILURE L. DE1-1711 AILE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	NAME (Type)	You		+ intrad.	
	REMOVAL (Specify) ALC 7 11				(-)
X mITH TUNGLIN HOME SHARPTOWN INDEC 12:60 CH - 0 KG				AR 25b, REGISTRAR'S SIG	GNATURE
CARTAL TO THE TABLE TO THE CONTRACT OF THE CON	SMITH FUNCTURE 160.	me, ShARR	TO 20 7 DATE DEC 1 2 60	Caller &	Kinea

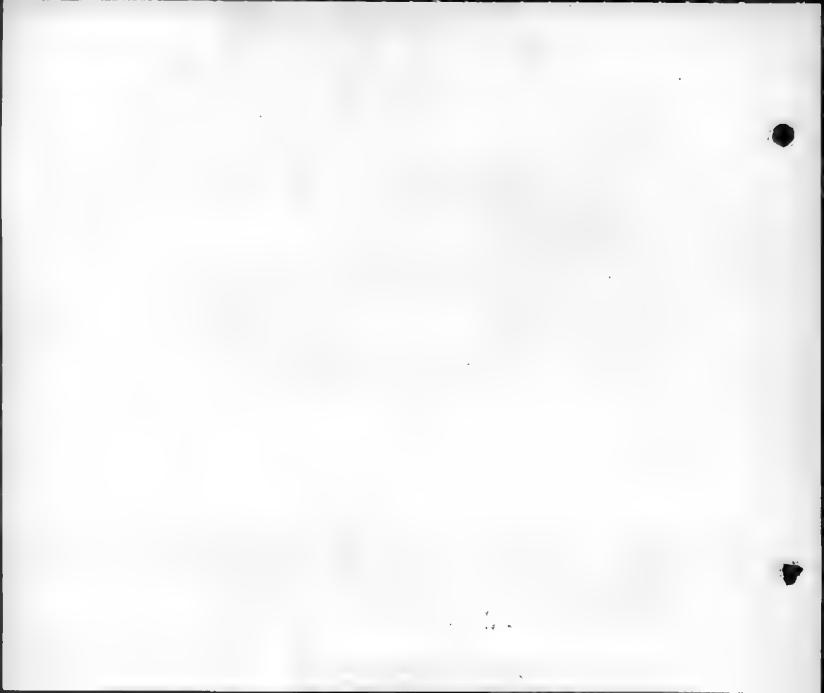


MARYLAND	STATE DE	PARTMENT	OF HEA	ALTH
ION OF STATISTICAL	RESEARCH AN	D RECORDS — E	BALTIMORE	I, MARYLAND
CEL	TIFICAT	E OF DEA	TH	

	DIVISION OF ST	ATISTICAL RESEARCH AN		MORE 1, MARYLAND	145.7
	1. PLACE OF DEATH O. COUNTY. LUICE MICE	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)	ere deceased lived If institution; Re	sidence before admission) Wicomico
		LENGTH OF STAY IN 16	Salis	outside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	Hospital	d STREET ADDRESS 303 M	Maryland Ave	e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF PERSON (Type or print) MARY	ESTHER 3	Fields	4. DATE Month OF DEATH	Doy Year 1967
,	Jemale White WIDOWED 100, USUA, OCCUPATION (Give kind of work done 10b, K)	DIVORCED	L DATE OF BIRTH July 7,1883 TRY 11 BIRTHPLACE (Stote	tost birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS UNS Days Hours Min 2 CITIZEN OF WHAT COUNTRY?
	House Work at Home	None	Salisbury	7	U.S.A.
	Michael James Murray		Elizabeth	Bounds	
		DCIAL SECURITY NO.	Willie C. H	Fields (Husband Salisbury, Mary)303 Marylan
)	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost (c)	for to). (b), and (c)]	Thomas	Rosis	INTERVAL BETWEEN CASEF AND DEATH
	PAN II. OTHER SIGNIFICANT CONDITIONS CO	THE HOW INJURY OCCURRED	ingrene	leftleg	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO E
		N/A			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. N/A 19 While of work [CE OF INJURY (Home, form locy, street, office bldg., etc N/A		(County) (State
	21. I certify that (I) (this haspital) ottender		wu - 1/2	60 Blee. 26	1900, that (I) (we) lost
	saw the deceosed blive option: 20 220 SIGNATURE Lettura	· · se_/ · ond tigor d	ATTENDING M	M, from the causes and or	the dote stated above 22b DATE S GNED
	Dr. David J. Gilmor	e	Medical (Center Salisb	ury, Maryland
	DESIGNAL (Specific)	23c. NAME OF CEMETERY OF		23d, LOCATION (City, town or cou	
	24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SA	ADDRESS LISBURY MAR		D BY REGISTRAR 256 REGISTRAR	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND 8 841 MICU b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give necrest tawn) RURAL and give nearest town) d. STREET ADDRESS a IS RESIDENCE d NAME OF HOSPITAL (If not ye hospital, give street address) OR INSTITUTION ON A FARM? YES NO E U O NAME OF 4. DATE First Middle Lost Manth Doy Year filled DECEASED OF DEATH ages death. (Type or print) 12415 19 IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 9. AGE (In years last b rthday) Manths Days DIVORCED | WIDOWED | yrs 14 4 requires that the death certificate be executed papers 등 d E 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Durs during most of working life, even if retired) puo c 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician .5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address SAlisbuer attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH d PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Ē **DUE TO** ģ igned by permit. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underte has been si burial-transit attending physician. lying cause last. ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, PERFORMED? YES NO HOSPITAL ATTENDING PHYSICIAN: The topy be retained by the hosp toll or attending physician base FUNERAL DIRECTOR: After this certificate has 20%, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) as the 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Day, Year foctory, street, affice bldg., etc.) Haur p. m. While Not while of work at work 21. I certify that (1) (this haspital) attended the deceased fram. 12.113 15 1966, that (1) (we) last 12 ta ___19 b and that death occurred at M. fram the causes and an the date stated above. HEALT saw the deceased alive an .__ defaci 22º SIGNATURE 22b DATE SIGNED MED DIRECTOR STAFF PHYS should be ō M.D PHYS Boord 22c PHYS CIAN'S 22d ADDRESS NAME (Type page 3 sh the State 1 m LOCATION (City, town, or county). DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 230. BURIAL, CREMATION (State) REMOVAL (Specify) UKRA 9 ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A1S (4) 15M 9/59



PLACE OF DEATH COUNTY MARYLAND VICOMIET erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) ALIGNIA d NAME OF HOSPITAL Uf not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 24 puo Ē NAME OF Middle 4. DATE DECEASED Filled Poges (Type or print)Blanche Antionette DEATH death S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH pletely WIDOWED [popers. 틍 W. ma 100 USUAL OCCUPATION (G ve kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) ō c P 13. EATHER'S NAME physicion 2 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ğ 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ā PART I. DEATH WAS CAUSED BY: **DUE TO** á Conditions, if ony, which íЫ P gove rise to immediate signer it peri DUE TO couse (a), stating the underlying couse lost. burial-tronsit cremation hos offending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) certificote the NO NO MEDICAL 20c. TIME OF INJURY Month, Doy. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work D m 21. I certify that (I) (this haspital) attended the deceased fram._____ saw the deceased olive on detach by the FUNERAL DIRECTOR-22o SIGNATURE ATTENDING PHYS PHYS. DIRECTOR -22c PHYS/CIAN'S 22d ADDRESS NAME (Type) poge 3 sh the Stote I BURIALS CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (Spepify) 7/2 o FUNERAL DIRECTOR'S 25a. REC'D BY VR A15 (4)

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission COUNTY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES INO DEL Month Year 19 6 9. AGE (In yeors IF JNDER TYEAR IF UNDER 24 HRS los dusthdoy) Months Days Hours 12 CITIZEN OF WHAT COUNTRY? alish INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO Z (County) (State) here. 11-19/2/2, that (1) (we) lost , and that death occurred at 142M. from the causes and an the date stated above. 22b. DATE SIGNED AOCATION (City, town, 25b REGISTRAR'S SIGNATURE OFFINA & FLY WA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

15M 9/59

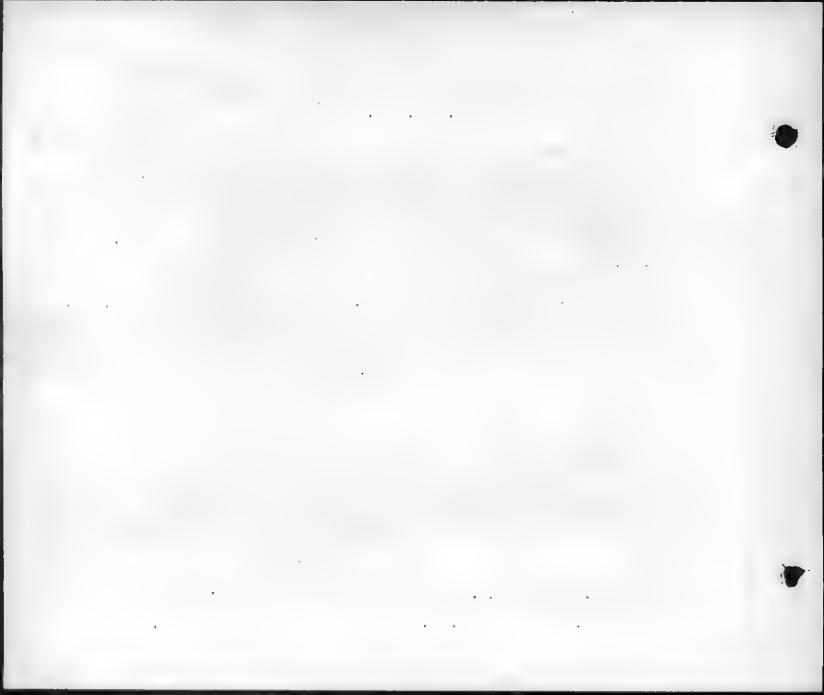


TO HOSPITAM ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havy. The death Page 4 may be return 5 by the hospital or attending physician.

TO FUNERAL LIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filed with the State Board of Hea th priar to burial, cremation, or remayal, and in any event within 72 hours after death.

145	3 Philisia	ON OF STATIS	TICAL RESEARCH	E DEPARTMENT OF HEALTH TH AND RECORDS BALTIMORE 1, MARYLAND CATE OF DEATH
				2. USUAL RESIDENCE (Where deceased sived. If ins

			CERTIFICA	IE OF DEATH			45 -	
1, P	LACE OF DEATH			2, USUAL RESIDENÇE (Whe	re deceased sived. If instr	tution: Resident	before domission)	
0	. COUNTY Wi	icomi co	MARYLAND	° sMaryland	P CON			
ŀ	CITY OR TOWN (I	f outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	tside corporate limits, writ	e RURAL and ge	ve nearest town)	
	RURAL and give ne	alisbury	5Yrs.liMos.23da	. Still Po	ond			
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e IS OF								
Deer's Head State Hospital								
3. 1	AME OF DECEASED	First	Middle	Lost	4. DATE A	Month	Day Year	
	Type ar print)	Pearl	Gertrude	Gosman		ecember	17 19 60	
MYKKIED I ACAEK WINKKIED I A ALLE OF DEATH AND ALLE OF THE ACAEK WINKKIED I A ALLE OF THE ACAEK WINKERD I A ALLE OF THE ACAEK WINKKIED I A ALLE OF THE ACAEK WINKEN I A AL							YEAR IF UNDER 24 HRS Days Hours Min	
10a.	USUAL OCCUPATIO	ON (Give kind of work done	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole of	r fare gn country)	12 CITIZ	EN OF WHAT COUNTRY?	
	House	WIIE	Home	Maryland		U.	S.A	
13. (FATHER'S NAME			14. MOTHER'S MAIDEN NA				
		am Rodney			Walbert			
15. 1 [Yes.	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	4	FORMANT		Address		
	No unknown)		220-16-9309 M	rs. Hazel Lu	sby Sti	ll Pond	i, Md.	
	18 CAUSE OF DEA	ITH [Enter only one cause p	er line for (a), (b), and (c)]				INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (6)	Hypertensive Ar	terioscleroti	c Cardio-vas	cular	8 Years	
	44	Disease						
	Conditions, if a	ny. Which	Arteriosclerosi	s. General			?	
	gove rise to i	mmediate Due 70	*** ***********************************	0, 00001112				
	couse (a), stating lying couse last.	(c)						
z	PART EL OTE		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART	I(a) 19. WAS AUTOPSY	
CATIC			Diabetes Mellit	ans			PERFORMED? YES NO 🔏	
MEDICAL CERTIFICATION	20a ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (7) 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED		art or Part II of item 18.)		·	
AF.	20c. TIME OF INJUR		od INJURY OCCURRED 20e. PU	ACE OF INJURY (Hame, form,	Tage (City on Annual)	15.	ounty) (Stote)	
MEDIC	Hour a.m	W		tory, street, office bldg , etc.)		(,,	(Sidile)	
	21. I certify tha	it (I) (this haspital) att	tended the deceased fram_		10 12/17/6		_, that (1) (we) last	
		sed alive an 12/1	7./60_ 19, and that d	eath accurred at 9:4		and on the		
	22o SIGNATURE	Vifuerma	u ,	ATTENDING ME	A.M ECTOR D STAFF		22b DATE SIGNED	
	22c PHYSICIAN'S			22d. ADDRESS				
	NAME (Type)	V. Juerman,	M.D.	Salisbu	ry Md.			
23a	BURIAL, CREMATIO	12/20/60	1. U. Ceme	crematory etery	23d LOCAT ON (City, tow Worton, I	vn, or county)	(State)	
24,	FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	25a. REC'D		EGISTRAR'S SIGN	NATURE	
11	11/4/01	MSON Co. S	SALISBURY, M	O DAT DEC	21 '60 0	Lithun S. H	Craus	

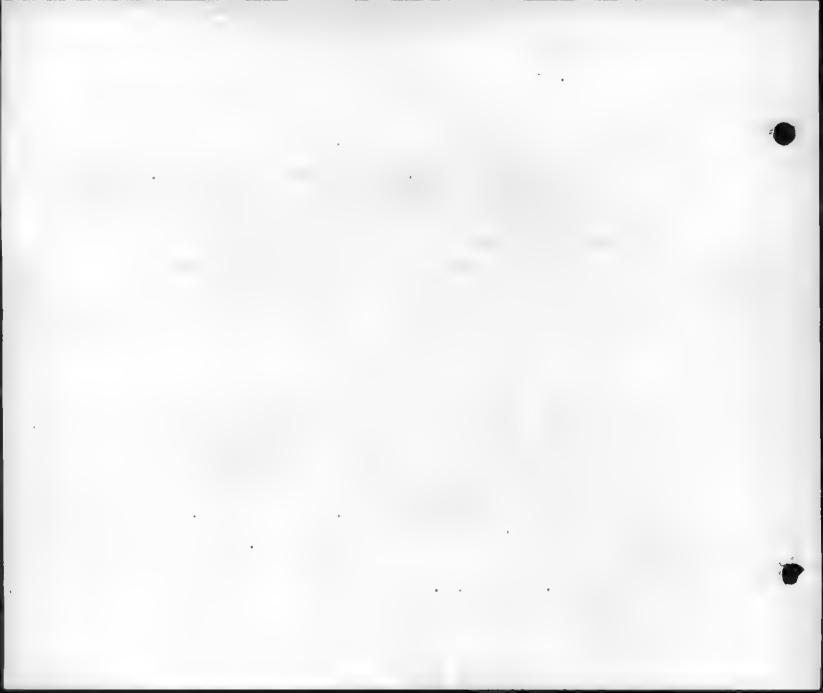


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 14533CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Wicomico Filed o. STATE Maryland MARYLAND Wicomico funeral CITY OR TOWN (If autside corporate limits, write pe c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) in by me . and 2 shauld E Salisbury Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION 303 Middle Blvd., ON A FARM? 303 Middle Blvd.. YES NO 13 4. DATE OF DEATH NAME OF Middle First Lost Month Day Yeor filled DECEASED MARY COLLINS GRAY 12 1960 Poges (Type or print) death S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ofter last birthday) Manths Female White WIDOWED 1 papers. DIVORCED [7] YES. 10a USJAŁ OCCUPATION (Give kind af wark dane 10b KIND OF 8USINESS OR INDUSTRY 11 BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSE WITE U.S.A. Own Home Delaware ond carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician With KNOW remave 17. INFORMANT IS. WAS DECEASED EVER IN U 5 ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or unknown) Mrs. Betty Schnieder, Salisbury, Maryland None attending please 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYthe **DUE TO** Š permit. Conditions, if ony, which been signed gove rise to immediate **DUE TO** cause (a), stating the underburial-transit lying couse lost. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? CERTIFICAT has YES NO attending 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) ATTENDING PHYSICIAN: by the haspital ar attending certificate the ő 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while After this of work at work n m 21 | certify that (1) (this hospital) attended the deceased from. 1960 to detached 19 60, and that death occurred at 35M. fram the causes and an the date stated above saw the deceased alive on TO FUNERAL DIRECTOR: 22a, SIGNATURE 22b, DATE ATTENDING SIGNED MED DIRECTOR ġ, å M.D PHYS 図 PHYS Board 22c PHYSICIAN'S 22d ADDRESS 3 shauld NAME (TypeDr. Salisbury, Maryland Wm. B. Smith BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) page the Sk (State) REMOVAL (Specify) 12-19- 1960 Presbyterian Cemetery Snow Hill, Maryland Burial 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Hill & Johnson Co. Salisbury, Maryland VR A1S (4) DATE DEC 1 9 '60 1 IIM III/59 Journant, Baker



MARYLAND	STATE	DEPARTMENT	OF HEALTH
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		DIAISION OF	STATISTICAL RESEARCH A		IMORE 1, MARYLA	IND		
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	OR II	E OF HOSPITAL (If not in hospital, give streenstitution Deer's Head State Ho	1	d. STREET ADDRESS S. Somerse	et Avenue		e IS RESIDENO ON A FARA YES NO	V2
The state of the s	3. NAME (Type of	TH	Middle	Loss Gunby	4. DATE OF DEATH	Month Dec.	Day Year 11 19 (
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)	13. FATHER	IN GUSTAV N	ORD STROM	14. MOTHER'S MAJOEN	LAR LAR	SEN		40.
	15. WAS D	ECCASED EVER IN U. S. ARMED FORCES? 16 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	SOCIAL SECURITY NO. 17	B3 ETHO	L 64.	NB 7 C	eisfiel	D
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	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH, BUT	NOT RELATED TO THE TERM			1(a) 19. WAS AUTO PERFORMED YES NO)?
1	OR CO	DNTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Part II at ite	m 18]		
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**************************************	22c. Pi	the deceased dive an Deco- IGNATURE HYSICIAN'S AME (Type) L. V. Maldv	11 19 60, and that c	M.D. PHYS.		uses and an the	date stated about 22b DAT SIG	TE GNED
	230 6 RIA	IL CREMATION 236 DATE THEREOF VALUE SOUTH - 196	23c NAME OF CEMETERY	La Cemeli	23d. LOCATION (CIT		Salisbury) FIG
-	24, FUNER	77	ADDUSTUH	25g. REC		REGISTRAR'S SIG		



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 145351 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, write wc. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Salisbury (Rural) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Pen Gen Hospital R.D.# Hermon Rd YES NO NAME OF DATE 4 Middle Manth Year DECEMBER ARLIE WASHINGTON HAMMOND death (Type or print) DEATH IF UNDER 1 Y. AR JE UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO last bigihday) Manths Davs Hours White Sept. 16, 1886 Male DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Farmer S Wicomico Co. Maryland Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olevia C. Hammond Jessie Asbury Hammond Mr. Heese 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO W. Hammond (Son) H. D. # event, ' 3(Mt Hermon No Salisbury Maryland Road any 1B. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BEZWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Ξ ond **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING IT 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or Jown) Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work 1960, that (1) (we) last 21 | certify that (1) (this haspital)/attended the deceased fram.... and that death occurred at saw the deceased alive an M, fram the causes and an the date stated above 22a STONATURE 22b DATE SIGNED ATTENDING PHYS. 9 Dec. M.D. DIRECTOR PHYS. page 3 shauld the State Board 22c. PHYSICIAN'S 22d, ADDRESS Dr. Wiliam Salisbury, Maryland Earl Beardsley Maryland Ave. 236 DATE THEREOF 23a BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) Burial Hammond Family Cemetery-R.D.# Salisbury. Md. Jan.1 25g. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE AN 3 arthur S. Kraus HOLLOWAY & COMPANY SALISBURY MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a STATE b. COUNTY MARYLAND 12017:160 b. CITY OR TOWN (Fouts de corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL-and give negrest lown) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO PT NAME OF Middle 4. DATE Lost Month Yeor DECEASED OF DEATH (Type or print) IKCLINDS 19 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED [7] 8. DATE OF BIRTH lost birthday) Months DIVORCED [7] WIDOWED (** 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 16. SOCIAL SECURITY T/NG5 -INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per type for (o), (b), and (c)] ONSELAND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while 19 of work a! work p.m. to 122 22 24 33 1960, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram A-County 2212 A 196 U, and that death accurred at BAM, from the causes and an the date stated above saw the-deceased alive an 22a SIGNATURE 22b DATE SIGNED ATTENDING PHYS STAFF PHYS M.D. DIRECTOR . 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b DATE THEREOF 23d LOCATION (City, town, or county) BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (State) **ADDRESS** 25b. REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR

With director, Eled Fled erol 盎 by the fune d 2 should 1 puo = filled Poges 1 death. pletely ofter popers COM phys offending please ó signed buriol-tronsit physicion hos been cremotion, certificote QI. 芒 After this par detoch FUNERAL DIRECTOR: þ be should 0 ന poge 3 the Stote 0

that the deoth certificate be executed

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	DIVIS	ION OF ST	ATISTICAL RESEA				E 1, MARY	LAND			
	17579		CERTIF	ICAT	E OF DEA	ATH			T	152	2
1. PLACE OF DEATH a. COUNTY	Wicomico		MARYL		2. USUAL RESIDEN a. STATE Ma.	ryland		If institution. COUNTY	wicesidence Wicol	efore admis	islon)
RURAL and give n	orest town) Salisbury		c. LENGTH OF STAY I	N 1b	c. CITY OR TOV	WN (If autside Lisbur		its write RU	IRAL and give	nearest law	(n)
OR INSTITUTION	R.D.# 1	give street ad	kdress)		d. STREET ADD	P.# 1				a. 15 RETON /	A FARM?
3. NAME OF DECEASED (Type or print)	MYLAN		Middle	НО	LUBYCKY	J 4. D	34	Ment DECEM		2nd	Year 19 60
s sex Female	& COLOR OR RACE White	7 MARRIE	DIVORCED		Dec. 1.	1889	9 AGI last	birthdoy) 71 yrs.	Months Do	_	7
10a. USUAL OCCUPATION during most of wor House W	ON (Give kind of work king life, even if retired OPK at Ho)	None None	RINDUST	Ukra:	ine	eign country)			krain	
-	Fedorch		OCIAL SECURITY NO	17 ING	Mary	na Fed	lorche	nko			
No. no. or unknown;	(If yes give war or dates of		OCIAL SECORITI NO	Mr	Maksym Salisbu	Holub	yckyj	(Hus	band)	3.D.#	1
Conditions, if a gave rise ta i cause (a), stating lying cause last.	the <u>under-</u>	CA	er CRALINON	12.	376#				1 round	1 19	D DEATH
CATIC	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH		IBE HOW INJURY OF						EN IN PART 1(PERF	ORMED?
	MEDICAL EXAMINER)	N/A	1								
20c TIME OF INJUI Hour a.m.	N/A 19	or 20d, iN; While at wark	URY OCCURRED Not while at wark	20e PLAC facto	ry, street, office bl	ne, farm, 201 dg., etc.)	N/A	rn)	{Cau	nly)	(State
	or (1) (this haspital sed alive an 1/2) Study Dr. Gray	le le) 1962, and		ATTENDING PHYS 22d. ADDRESS	MED DIRECTO	from the c	FF De	7	ate states	d abave 2b, DATE SIGNED
23a BJR A., CREMAT C REMOVAL (Specify Burial	ON 236, DATE THERE)F	23c. NAME OF CEME	_		23d	LOCATION (C	City, lown, o		(Sto	ote)
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25	DEC 6		2Sb REGIS	TRAR'S SIGN	ATURE	

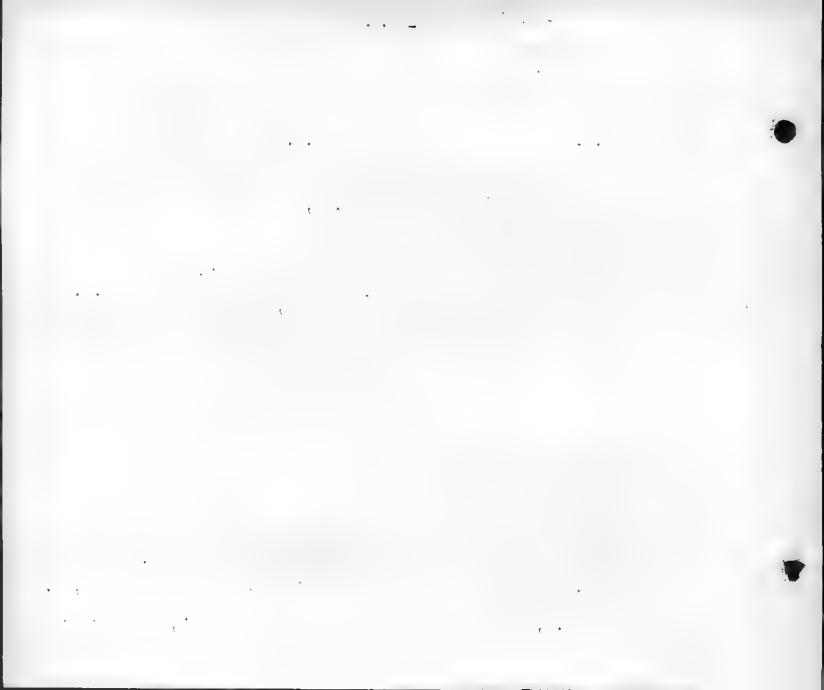
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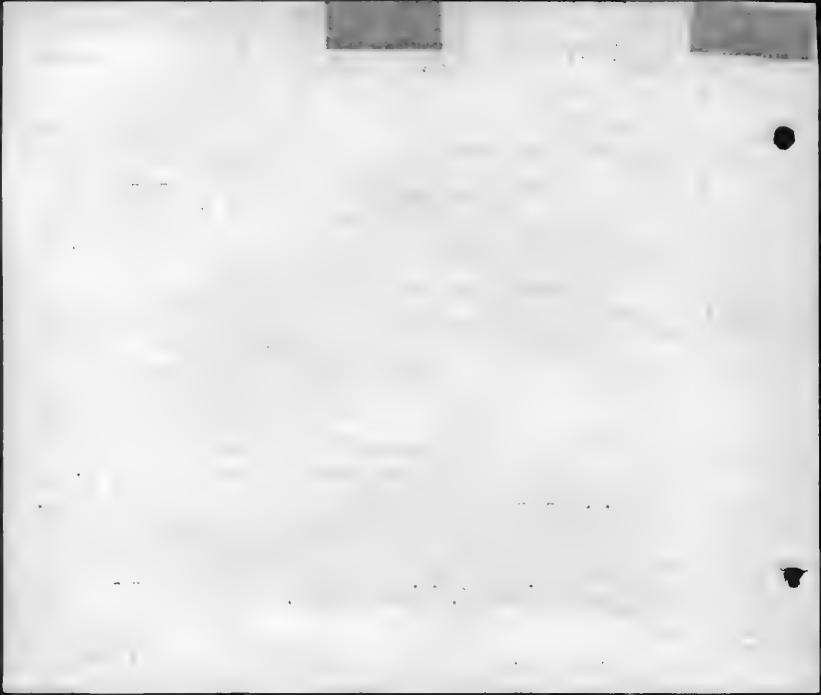
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

		145	72	CERTIF	ICAT	E OF D	EATH			V	452	Q .
1,	PLACE OF DEATH	/icomico		MARY	/LAND	- CTATE	Maryla	re deceased live	d If institution b. COUNTY			nission)
(RURAL pad give no	f outside corporate fimi porest town) Salisbury	ls, write	c. LENGTH OF STAY	IN 16	. 6 .	own (If ou	tside corporate	imits, write Rt (Rura]		ive negrest t	own)
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g R.D.# 3 De	elmar	· ·		d STREET A	DDRESS R.D.#	3 Del	nar Rá	ì	Of	RESIDENCE NA FARM? NO M
3.	NAME OF DECEASED (Type or print)	ROB]		Middle	1	JOHNSO		4. DATE OF DEATH	DECE		Doy 11	Year the 60
	Male	White	WIDOWE			March	19,1	866 5	94 yrs.		YEAR IF UI	rs Min
100	Retired	ON (Give kind of work king life, even if retired Carpente:	dane 106. K	CIND OF BUSINESS COnstruct	cion	PY 11. BIRTHPL	ace (Stote o	r fareign countr	у)	12 CITIZ	US.	T COUNTRY?
13.	Paul Jo	hnson				14. MOTHER'S Anne		AME				
1S (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. S	OCIAL SECURITY NO	NY NY	aul B. Salisbu	John ury M	son(So: arylan	n)R.M.	# 3	Delma	r Rd.
		ATH [Enter only one co ATH WAS CAUSED BY: LIMMEDIATE CAUSE (o DUE TO	,(e for (a), (b), and (c).	l k	Henry	rhey	<u>s. </u>			INTERVAL ONSET A	BETWEEN ND DEATH Clay S
	gave rise to i cause (a), stating lying cause last.	the under-	,	eneraliz	e of	anter	in I	leine	<u> </u>		2	
MEDICAL CERTIFICATION			rem	uia .	_					EN IN PART	PE	AS AUTOPSY REFORMED?
L CERTIF	200 ACCIDENT WAR	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	N/A	RIBE HOW INJURY C								
MEDICA	20c. TIME OF INJUR Hour a.m. p. m.	N/A 19	or 20d. IN While at wark	Not while at work		CE OF INJURY II			N/A	{C	aunfy)	(State)
		at (I) (this haspital						M, fram the				
	22c PHYSICIAN'S	0617	1.4.	Kins		ATTENDING PHYS 22d. ADDRI	CY ME DIR ESS	D S ECTOR P	TAFF I	Dec.	12	_/1969
		r.Robert						d, Mar	×			
230	REMOVAL (Spec by	Dec 12		WICOMICO		norial	Park	23d, LOCATION	sbury			State)
_	FUNERAL DIRECTOR	'S SIGNATURE & COMPAN	Y SA	ALISBURY	MARY	(LAND	250 REC'D	EC 13 60		TRAR'S SIG	4 11	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before admission) files. BORN 5. COUNTY Wicomico MARYLAND Maryland Somerset b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 3 to the funeral director. write RURAL and give negrest lown) for your Boardor Salisbury days T. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? refained State YES TO NO Head State Hospital Deers death 4. DATE DECEASED OF the (Type or print) DEATH Jones with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | FUNDER 1 YEAR) IF UNDER 24 HRS may b rage 5 m land 2 w last birthday) ! Months | Devs 86 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Carrender "in pencil in Item 18. Give Pages Office along with form PM3. Pa burial-transit permit. File pages 1 moval, and in san, event within? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Jones Larah Polk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) ((flyesgivewerordatesofservice) Dorothy Hall Frincess Anne Maryland. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (a) Asphyxia due to aspiration of vomitus Sudden DUE TO Conditions, if any, which (b) gave rise to immediate cause Examiner's DUE TO (e), stating the underlying cause last. used cremation. PART II OTHER S ON FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN IN PART I(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 ease execute the certificate, writing the word should be forwarded to the Chief Medical ETUNERAL DIRECTOR: Page 3 should be NO Uremia 20a. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) burial CAUSE OF DEATH. Vomited stomach contents and died 20d. INJURY OCCURRED #20e. PLACE OF INJURY (Home, form, ' 2Df. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not While __6•0work ☐ el work ☐ Salisbury Wicomico Hospital 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry T and in my op nion Natural causes death resulted from: Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY Royer, DEPUTY MEDICAL EXAMINER Earl 1-3-61 EXAMINER'S NAME (Type) Salisbury ddreit foret, city, town, or county) -Camden 220, BURIAL, CREMATION, 22d, LOCATION (City, lown, or country) (State) REMOVAL (Specify) ö 9 49:08 ₫40 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arillar S. Kines 5M 7/59



PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 7 FilmG278 Item 2. USUAL RESIDENCE (Where deceased lived, If inst tution. Residence tutor asimission) I. PLACE OF DEATH s necessary, director. Page files. Health, a. COUNTY b. COUNTY Maryland Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town, your write RURAL and giva nearest lown) Salisbury Salisbury Boar d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B 101 Lake St. Peninsula General Hospital 3. NAME OF M ddle 4. DATE DECEASED 110 (Type or print) Lula DEATH 12-19-60 West Kerney 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS ias (hday) yrs. WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) DomEstic HomE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN D.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mes. Goldie Twilley, SAlisbuey, MA. (Yes, no, or unknown) | (Ifvasqive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Second and third degree burns 85% body days IMMEDIATE CAUSE (a) surface. DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), staling the underlying cause last, PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8) 19, WAS AUTOPSY PERFORMED? NO X 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part I, of item 18.) CAUSE OF DEATH. Caught clothing on fire from the wood 20d. INJURY OCCURRED 20e. PCACE OF INJURY (Home, farm, 20f. (City or town) While Not While fatting street, office bldg., etc.) Month, Day, Year (County) the Home at work Salisbury Wicomico Md. O.R. Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 1 and in my opinion forwarded I death resulted from. Natural causes Accident X Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER sase execute the should be forward ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL Royer Earl DEPUTY MEDICAL EXAMINER X 12-20-60 EXAMINER'S DEPUT NAME (Type) Salisbury Mou Camden Moddress (Street, city, town or county) 9329 228. BUR.AL. CREMATION, 7226. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 6 1,56484 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE A15ME **DEG 2 8 '60** arily & Krous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Maryland Wicomico MARYLAND Caroline b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Salisbury 12 days Denton d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Deer's Head State Hospital YES T NO T NAME OF Middle 4. DATE Manth Year DECEASED Edith. Mary Lankford (Type or print) DEATH 19 60 Dec. S. SEX 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED TO 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS B DATE OF BIRTH lost birthday) Manths Femal e White DIVORCED [WIDOWED | 100 USUAY OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHDACE (Stole or ducing most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN N 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) .5 Congestive heart failure 3_wks DUE TO Hypertensive cardiovascular disease Yrs Conditions, if any, which emovol gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Bilateral bronchopneumonia YES TO NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Haur o m. factory, street, affice bldg., etc.) Not while p. m. of wark al wark 2) I certify that (1) (this haspital) attended the deceased from. Dec. 7 1960, to Dec. 19 1960, that (1) (we) lost 19 60 and that death occurred at sow the deceased alive or M, from the couses and on the date stated above. 22a, SIGNATURE ATTENDING STAFF PHYS PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS Deer's Maldve, M. Head Hospital; Salisbury, Md. 23b DATE THEREOF BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or country) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 RECID-BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE arthur & Krous

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR poge 3 should be deto

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ATTENDING PHYSICIAN: The low requires that the death certificate by the hospital or attending physician.

Poges



ar death, Page 4 may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert frate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury

TO HOSPITAD

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MARYLAND STATE DEPARTMENT OF HEALTH

ITIME I CALIF	SIMIL DE	WILLIAM A	I IIIAE
ISION OF STATISTICAL	RESEARCH AND	RECORDS BALT	IMORE 1, MARYLAND

(4541) CERTIFICATE OF DEATH			OL STATISTICAL KESENKCH AND KECOKO? -	- BALII
	4	540	CERTIFICATE OF DE	ATH

-1	/1	-	0	p.m.g
1	4	O.	2	1

	D. PLACE OF DEATH O. COUNTY O. STATE O.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Z / 3 / 4 / 7 / 2 / / 7 / 7 / 7 / 7 / 7 / 7 / 7 /
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARMO YES NO
	NAME OF DECEASED (Type or print) 5 / 1/2 Last Last 4. DATE OF DEATH DEATH DEATH DEATH 1960
	S SEX 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR) IF UNDER 24 HRS Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? The model of working life, even if fetired) 12 CITIZEN OF WHAT COUNTRY?
	13 EATHER'S MADE RICHARD RICHARDEN NAME TAME
1	S WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Year no of unknown) (If yes, give wor or dates of service) Address Address Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) (c) (c) (d) (d) (d) (d) (d) (d
	gave rise to immediate couse (a), stating the under lying couse lost. DUE TO (c)
)	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TELEPHONE CONTRIBUTING CAUSE OF DEATH TELEPHONE CONTRIBUTING CAUSE OF DEATH TELEPHONE CONTRIBUTION TELEPHONE CONTRIBUTION
	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 20c. NJURY OCCURRED While Not white of work of wor
	2) I certify that (1) (this haspital) attended the deceased from. 10 8 1258 to 12-1 19 00 that (1) (we) last say the deceased alive on. 1/2 1 19 00 and that death accurred at 1.3M, from the causes and on the date stated above.
	220 SIGNATURE ATTENDING MED STAFF SIGNED S
	MANTICO KIC Md.
	23a BURIA., CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, Jown, or county) TY 25 (Stote)
	24 FUNERAL DIRECTOR'S SIGNATURE. (ADDRESS DATE DEC 7 160 COMMA 8. FILME



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14541

		14541		CERTI	FICATI	OF D	EATH				1	45	43	
1	PLACE OF DEATH a. COUNTY WICOM	ico		MAR	YLAND 2	. USUAL RESID	rylane	ere deceased	l lived. If inst b COU	n Inne	residence before Wiochi		ision}	
	b CITY OR TOWN (If RURAL and give need	outside corporate lin	nits, write	5 Days	Y IN 1b	c. CITY OR T		utside corpor	rate limits, wri	ite RURAI	L ond give ne	oresi low	rs)	
	A NAME OF HOSPITA		give street o	epital		d STREET ADDRESS 311 Lester Court							SIDENCE A FARM?	
3.	NAME OF DECEASED (Type or print)	STELLA	irs)	BRITTINGH		LEWI.	EWIS 4. DATE Month OF DEATH 12				D	Day Year 29 1960		
	Female	6. COLOR OR RACE White	WIDOWE	01-02	ED 🗆 🔾		1893		- 1		onths Days	Hours		
NHFSing NHFsing Practical Maryland U									U.S.		COUNTRY			
L		M. Britti	***			S. Mar								
15 1	WAS DECEASED EVER	f yes, give war or dates of		SOCIAL SECURITY NO		Mae C	ulver	, Same		Address				
	Conditions, if on gove rise to in cause (a), sloting t lying couse last.	he under-	6) <u>Cle</u>	ronic	Ty	elor	ep	leri	tie				DEATH	
CERTIFICATION	PART II OTH	ER SIGNIFICANT CO	20b. DESC	ONTRIBUTING TO DE							N PART 1(0)	PERF	AUTOPSY ORMED?	
MEDICAL CER		MEDICAL EXAMINER)		NJURY OCCURRED Not while	20e PLACI foctor	E OF INJURY (I	Home, farm bldg., etc.	, 20f (City	or lown)		(County)	{Stote	
	21. I certify that (I) (this haspital) attended the deceased fram. 12123. 19.60 to 12129													
		r. David J							, Sali					
L	Burial, CREMATION REMOVAL (Specify) Burial	12-31-19		Parsons			T	Salis		Mary	land	(Sto	ite)	
24	FUNERAL DIRECTOR'S Hill & John		Salisb	address ury, Maryl	land		2So. REC'	D BY REGIST	7		R'S SIGNATI	JRE		

Cirlbur & Home



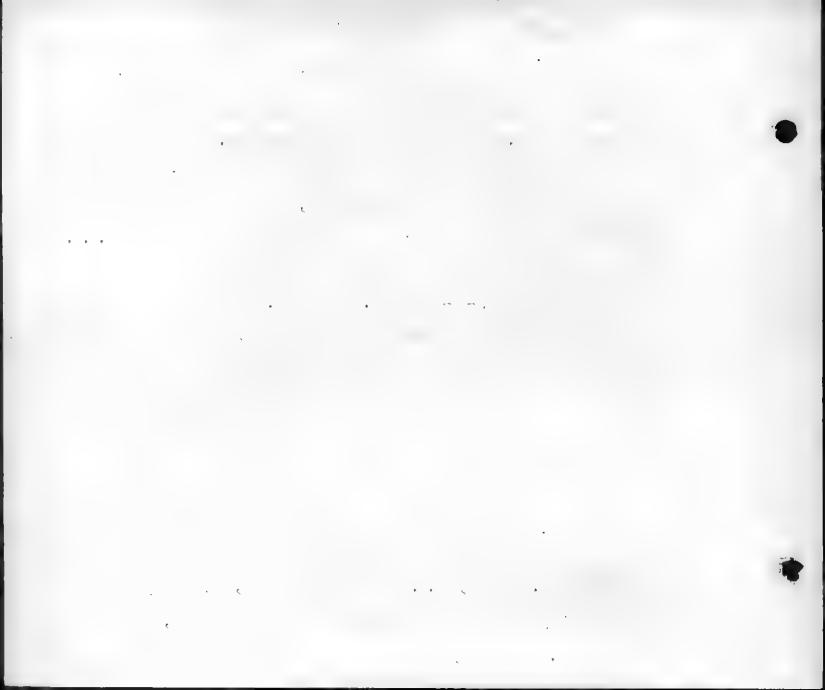
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MARYLAND STATE DEPARTMENT OF HEALTH

1454 DIMISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14523

		PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	- 11 -	usual residence (w b. state Maryl		lived If instituti b. COUNTY		ce before		ion)
J.	í	b. CITY OR TOWN I		its, write	C. LENGTH OF STAY IN TE		CITY OR TOWN (IF		ote limits, write R				1)
		d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street	address)	1	d. STREET ADDRESS				е	IS RES	IDENCE FARM?
			303 Ohio A	ve.		303			03 Ohio Ave.				NOX
	- (NAME OF DECEASED		rst s.b.e	Middle		Lost	4 DATE OF	Mor	1th	Day		Year
	-	(Type or print)	WILLI		DAVID	-	LONG	DEATH	Decemb		30		19 60
	5. 5	SEX	6 COLOR OR RACE		RIED NEVER MARRIED] B. D/	ATE OF BIRTH		 AGE (n years last birthday) 	IF UNDER	Days	Hours	Min.
		Male	White	WIDOW				383	77 yrs				
	100	 JSUAL OCCUPATE during most of war 	ON (Give kind of work rking life, even if retired	done 10b. I)	KIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (State	or fareign co	untry)	12 C/T	ZEN OF	WHATC	OUNTRY?
		Resturan	ts		Concessions		Maryland				U.S	A.	
	13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	\		Henry Long	3			Sara	h Care	У				
I	15) ()(e)	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of :		SOCIAL SECURITY NO. 17	. INFOR	MANT		Add	ress			
٥	_	NO	*****	2	17-12-4795 M	rs,	Virginia W	Long		Sam	е		
7	MEDICAL CERTIFICATION	Canditions, if a gove rise to couse (a), stating lying cause lost PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUHaur a.m. p.m.	AS UNDERLYING CAUSE OF DEATH AS UNDERLYING CAUSE OF DEATH AS MODERLYING CAUSE OF DEATH AS MODIFICAL EXAMINER) RY Month, Doy, Ye 19	20b. DES 20d. I While at wor	Not while	PLACE (foctory,	of injury in the injury	Part I or Part	II of item 18.)	(1) , 19_() and an the	T 1(a) 19 County)	PERFC YES T	AUTOPSY RMED? NO State)
1	230	22c PHYSICIAN'S NAME (Type) D. BURIAL, CREMATIC REMOVAL (Specify			Z3c. NAME OF CEMETERY	OR CR	Medical C		Salisbur		ryla	nd (Stor	
8%		73 1 3	1272/196	0	Parsons Cem	eter	У	Sa	lisbury,	Mary	land		
Y	24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGISTI	.	STRAR'S SH	GNATUR	Ē	
	H	libl & Joh	nson Co. S	Salis	bury, Marylan	d	DATE	N 3 '6	! an	Ung g	Heart		



S.Gardner

TO FUNERAL DIRECTOR 3 should poge 3 sh the State VR A15 (4) 15M 9/59

o

230 BURIAL, CREMATION, 236. DATE THEREOF Burial Dec.10.1960 24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY

Dr. Hufus

23c NAME OF CEMETERY OR CREMATORY Shad Point Cemetery-R.D ADDRESS

SALISBURY MARYLAND

DATE DEC 1 2 '60

Salisbury Maryland 256 REGISTRAR'S SIGNATURE

Pine Bluff Road-Salisbury, Maryland

23d LOCATION (City, town, or county).

25g REC'D BY REGISTRAR

Cuthun S. Kines

(County)

19*6* that (1) (we) last

Wicomico

Day

7th

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO X

(State)

22b. DATE

(State)

SIGNED 960

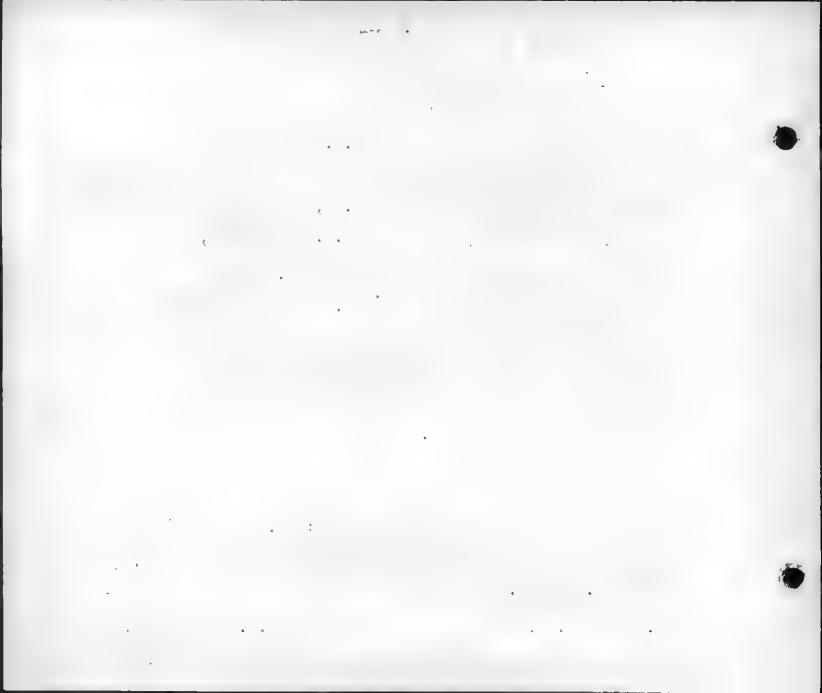
e 15 RESIDENCE

ON A FARM?

YES NO TY

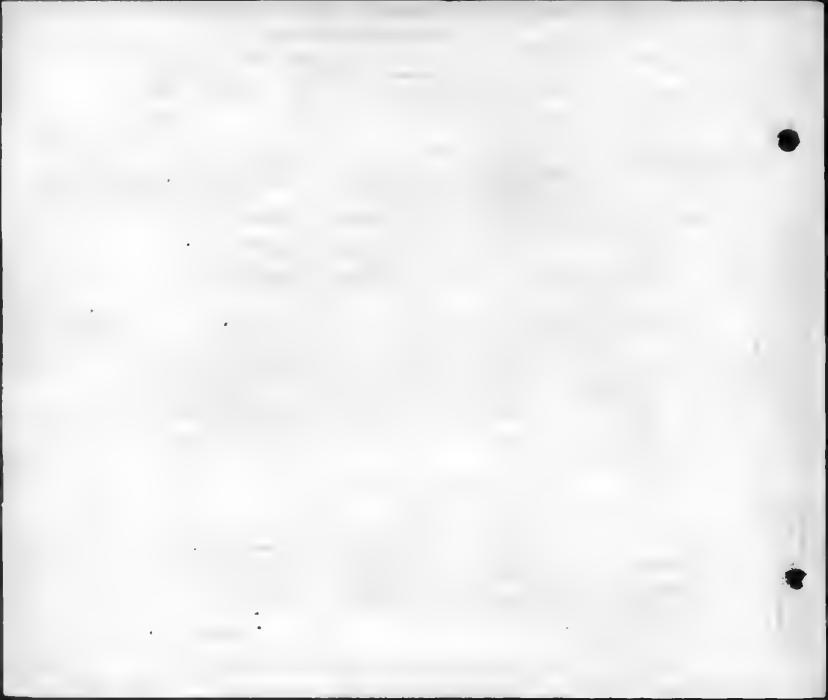
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1	CERTIFICAT	TE OF DEATH	2455
A		Keg.	Dist. No. 190
	PLACE OF DEATH O. COUNTY W1COM1CO MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Reside. STATE b. COUNTY 5.7.5	
$A)$ \vdash	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Maryland William V. C., CITY OR TOWN (If outside carporate limits, write RURAL and	COMICO
/	BURAL ond give nearest town] Delmar 3 years	Delmar	u give neoresi townj
<u> </u>	d NAME OF HOSPITAL (If not in haspital gave street address)	d. STREET ADDRESS	e. IS RESIDENCE
	or institution Spruce Street	401 Spruce	ON A FARM? YES IN NO
3	NAME OF First Middle	Lost 4. DATE Month	Day Year
L	(Type or print) Russell Norman McE.	lhone Dec.	LO. 19 6
5	Male White	DATE OF BIRTH 9. AGE (In years IF UND lost birthday) Month	ER 1 YEAR IF UNDER 24 HE
-	MIDOMED DIVORCED	July 13, 1924 20 YES	
	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		CITIZEN OF WHAT COUNT
1	Printer Newspaper	Philadelphia, Pa.	USA
T	Harry McElhone		
J #	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	Ida Wightman	
,	Yes 1 (1 yex, give wer or doles of service) 140-12-5574 Be	etty Lee McElhone, Delmar	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) }	The state of the s	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COTONARY	occlusion	CONSET AND DEATH
	Har DUE TO	atheromatosis	
	Canditions, if ony, which gove rise to immediate (b)	afaeromatoris	
	couse (o), stoting the under-		
	Iying cause last. (c)	OT BELATER TO THE TERMINAL DISEASE CONDITION CIVEN IN B	ADT 3/-> 10 MAS AUTORS
2	TALL III OTHER SIGNIFICANT CONTINUES TO BEATH SUTTING	ON KENTED TO THE TERMINANE DISEASE CONDITION OFFICE IN F	PERFORMED?
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part II or Part II of item 18.)	I ILS ILO E
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		E OF INJURY (Home, farm, 120f. (City or tawn) rry, street, affice bldg., etc.)!	(Caunty) (Stat
1 2	Hour a.m While Nat while ractor p. m. 19 at work at wark	A l	
	21. I certify that I attended the deceased from.	, 1958, to Dec 10 , 19 6 athat	I last sow the decea
7	alive on oceletto 1960 and that death o	occurred at/_A_M, from the causes and on	the date stated abo
	11/ rales	ADDRESS (Street, city or tawn, slate)	DATE SIG
	ACTUAL SIGNATURE M.C.	D. 303 CAST STEEN R	jeeworn
	PHYSICIAN'S LIV. Sohler		12-13-
) 2	0. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or county	/) (State)
1	Burial 12-13-60 Mt. Olive	Delmar, Del.	
1 2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S	
11.	WW Y 1/8/4 (((1)) 1/1/1/1	CLE DATEDEC 15'60 Contra 2	LI PM . A

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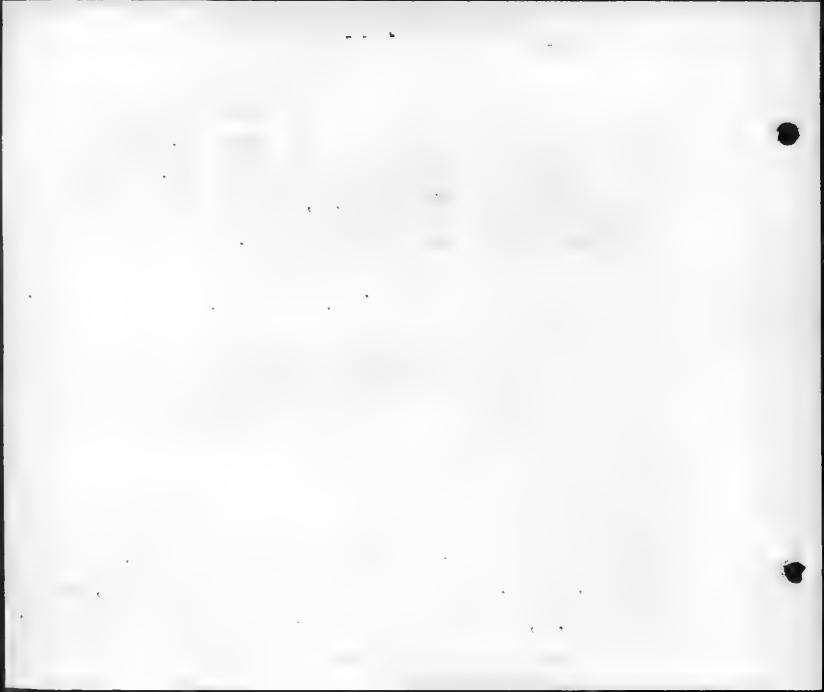
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE CEPTIFICA CEPTIFICA THE PROPERTY OF THE PROPE

BALTIMORE 1, MARYLAND

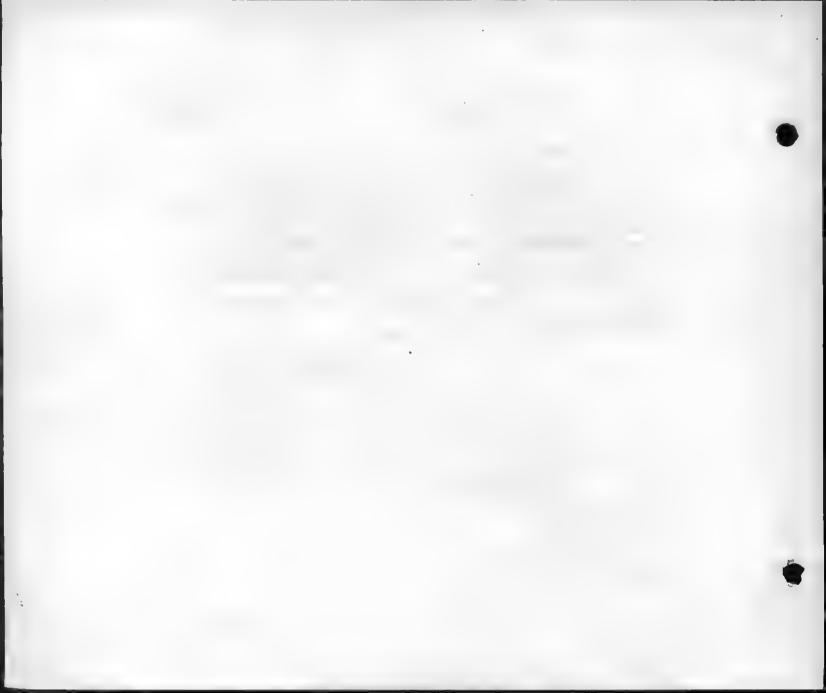
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		PLACE OF DEATH	omico		MARYLAND	a STATE .	Marylan	- L	If 'nstitution: COUNTY		ne admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) Salisbury				c. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town) / Salisbury						
3		d. NAME OF HOSPITAL (IF OR INSTITUTION OPTING HILL	not in haspital, give L Brivate	·	ium	d. STREET A	DDRESS	den A	ve. E	xt	IS RESIDENCE ON A FARM? YES NO
	3. I	NAME OF DECEASED (Type ar print)	MARY	A	Middle IN MC	NAMARA	0	ATE F EATH	DEC.	2NI	19 60
	5 5	Female V		MARRIED NEVER	VORCED	Jan. 3	1892	9. AGE		TO DOZS	Haurs Min.
The State of the S	F	during most of working li Retired Sch	ive kind of work don- fe, even if retired) 1001 Tea(NESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY? G Somerset Co. Maryland U S A					
	١.	FATHER'S NAME					MAIDEN NAME				
	15.	Albert McNa WAS DECEASEDEVER IN I I. no or unknown) No		? 16. SOCIAL SECUR	ITY NO 17 IN	PARLIANIE	a Ford Beale Salisb	(Sist	er)#1	7 Camo	len Ave.
y-re-	CERTIFICATION	Canditians, if any, w gave rise to immer cause (a), stating the w lying cause last.	AS CAUSED BY: EDIATE CAUSE (a) DUE TO (hich diale dial	Mali Mali Chrone	chot rutul e Kl	LOW LOW LOW LOW LOW LOW LOW LOW LOW LOW	toil	O CILLO	NETTE NEW	1. rouge 91	PERVAL BETWEEN SET AND DEATH Query Noway 19. WAS AUTOPSY PERVANDO? YES NO 2
	MEDICAL CERTIF	20g. ACC DENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY M Haur a.m. p.m.	anth, Doy, Year	DESCRIBE HOW IN N/A 20d. INJURY OCCURI While Not while of work drivers	RED 20e. PLA	CE OF INJURY (I	Hame, farm, 20f	or Part II of it . (City or taw		(Caunly)	(State)
rajon.		22 I certify that (I) saw the deceased of 220. SIGNATURE 22c PHYSICIAN'S NAME (Type) D1	fus J.	1 . / //	Ler X	ATTENDING PHYS 22d. ADDRE	MED.	R PHY	FF □ D	ec. 3	nat (I) (we) last e stated abave. 22b. DATE 1960 GNED
		BURIAL CREMATION 2 REMOVAL (Specify)	ec. 5,19	060 Uppe		CREMATORY	Family	Cemet		pper F	(Stote) Md airmoun
		FUNERAL DIRECTOR'S SIG	COMPANY	SALISBUF		T.AND	DATE DEC 1			AR'S SIGNATU	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 4545 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 1. PLACE OF DEATH direct a. COUNTY 6 COUNTY A MARYLAND camica b CITY OR TOWN (if outside corporale limits, write OF STAY IN 16 (i) autside corporate junits, write RURAL and give nearest town) c LENGTH RURAL and give nearest lown) Salisbur d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Genera YES NO eninsula ,⊆ DATE OF DEATH Middle Year DECEASED Poges (Type or print) 19 61 cembe AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last hiethory) Months Doys Hours Min 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED [7] WIDOWED | 17791 10a LSUAL OCCLPATION (Give kind of work done 10b KIND OF 8USINESS OR INDIVITRY 12 CIT ZEN OF WHAT COUNTRY! rain Alhauman 3 FATHER'S NAME physicion IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMA offending pleose 18. CAUSE OF DEATH | Enter only one couse per line for (ab) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) the DUE TO þ lbi gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, ; 20f (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) While Not while at work at work 21 I certify that (1) (this haspitol) ottended the deceosed from 12-19 1960 10 12- 30 19 60 that (1) (we) lost saw the deceased olive on _____ -19 _ ... and that death occurred of 2 AM, from the causes and on the date stated above by the TO FUNERAL DIRECTOR 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS Board of PHYS M.D. 22¢ PHYSICIAN'S 22d. ADDRESS should NAME (Type) ofe n BURIAL CREMATION. 206 DATE THEREOF MAME OF CEMETERY OF CREMATOR #LOCATION (City, town, or county) (Stote) poge the Sta 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE AN A VR ATS (4) TSM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	17:	TIC I	CERTIFIC	AIE OF D	EAIH			14	500
	PLACE OF DEATH o. COUNTY	710	MARYLANI	_a. STATE	DENCE (Where o		If institution: I	Residence befo	re admission)
	b CITY OR TOWN (if autside carpord RURAL and give nearest town)		c LENGTH OF STAY IN 11		OWN (If outside	corporate limi	its, write RURA	L and give nea	arest town)
-	& a L I S b U 1-4 d NAME OF HOSPITAL (If noy in hos	pital, give street a	ddress)	d. STREET A	DD RESS	HOU			e IS RES DENCE ON A FARM?
1	OR INSTITUTION	Hen	eral					M -3	YES NO
	NAME OF DECEASED (Type or print) WILLIA	First	Middle	mile		DEATH DC	Manth CE 222 A	Do	22 , 19 V
S	SEX 6 COLOR OR MALE NEED	RACE 7. MARRIE	ED T NEVER MARRIED [B DATE OF BIRTI	886	9 AGE	(In years IF)	onths Days	Hours Min
100	USUAL OCCUPATION (Give kind of during most of warking life, even if			DUSTRY 11. BIRTHPL	ACE (State or fo	reign country)		12, CITIZEN OF	HAT COUNTRY
13.	FATHER'S NAME	165		14. MOTHER'S	MAIDEN NAME		1		
	WAS DECEASED EVER IN U.S. ARME		OCIAL SECURITY NO 17	Mrs. An	nie M	iles	Address	ince	SS ADI
	1B CAUSE OF DEATH Enter only	/	e-for (a), (b), and (c).]	/	- 4.1	1 +	11		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)								
	Conditions, if any, which	(b)							
	gave rise to immediate couse (a), stating the under- lying cause last.	DUE TO							
CATION	PART II OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL	DISEASE CONE	OITION GIVEN	IN PART 1(o)	PERFORMED?
CERTIF	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	DEATH	RIBE HOW INJURY OCCUI	RED. (Enter noture o	f injury in Part I	ar Part II of it	tem 1B)		
MEDICAL	20c. TIME OF INJURY Month, Do Haur a.m. p.m.	While	JURY OCCURRED 20e. Not white at work	PLACE OF INJURY (factory, street, office	Home, form, 20 bldg., etc.)	Of. (City ar taw	n)	(County)	(State
	21 I certify that (I) (this ha	spital) attende	ed the deceased frai	n <u>Jac</u>	19:	, to <u>whice</u>	<u> </u>	196 5, 11	nat (l) (we) la
	saw the deceased alive on	2412 9-9	719_=, and tha	t death accurre	d at/2, M,	fram the co	auses and a	on the date	stated above
	The second second	G MED DIRECT	OR STAI			SIGNE			
	22c PHYSICIAN'S NAME (Type)			22d. ADDR	ESS				
230	BURIAL, CREMAT ON, 236, DATE	THEREOF	23c NAME OF CEMETER	OR CREMATORY	23d	LOCATION (C	ity, tawn, ar c	ou niy)	(Stote)
	REMOVAL (Specify) In/	2/60	MT Hope			prin		3-	eryland
2	FUNERAL DIRECTOR'S SIGNATURE	. Jr Tri	ADDRESS	າ ໃໝານໄດ		REGISTRAR		AR'S SIGNATU	



Year

14547	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived o. STATE Maryland	If institution Residence before admission COUNTY Wicomico
b CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	

CITY OR TOWN (If outside corporate limits, write | c LENGTH OF STAY IN 16 RURAL and give nearest town) Salisbury 11 days

Fruitland

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Peninsula Gen Hesp.

d. STREET ADDRESS

. IS RESIDENCE ON A FARM? YES NO P. O Bex General Delivery

(Type or print)	Ozella	M.	Mij	116	OF DEATH	12		7	1	9 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH						R 24 HRS
Female	AA	WIDOWED [DIVORCED [5/16/19/5/519	925	lost birthdoy) 35 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?										

during most of working life, even if retired) Demestic Heme Maryland

14. MOTHER'S MAIDEN NAME

USA

13, FATHER'S NAME

Na

CERTIFICATION

George T. White

3. NAME OF

S. Fields Lillie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT [If yes, give war or dates of service] Mr. John Mills, Fruitland, Md

18. CAUSE OF DEATH [Enter	only one cous	per ime for (o), (b), and (c).]		INTERVAL BETWEEN
PART 1 DEATH WAS CA	AUSED BY. E CAUSE (0)_	Ferthe Subarraghment	humort	ONSET AND DEATH
>30×	DUE TO			
Conditions, if any, which gove rise to immediate	(b)_			
couse (o), stoting the under-	DUE TO			
lying couse lost	(c)_			

20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while at work of work

20a. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY

(Stote)

PERFORMED?

YES NO

DATE SIGNED

___, and that death accurred at_____M, from the causes and an the date stated above. alive an

ACTUAL SIGNATURE

PHYSICIAN'S Andrew C. Mitchell, MD NAME (Type)

211 Maryland Ave., Salisbury, Md. 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

23. FUNERAL DIRECTOR'S SIGNATURE

Macedenia Cem. **ADDRESS**

Dames Quarter, Md.
240. REC'D BY REGISTRAR'S SIGNATURE DATE DEC 1 9 160

C. It = 9 4

campletely filled papers. death. gug carbon Offer physicion attending please been signed **burial-transit** physician remayal, certificate has detached far use After this TO FUNERAL DIRECTOR: page 3 should be prior registror he

the funeral director, should be filed with

74

and E

Pages

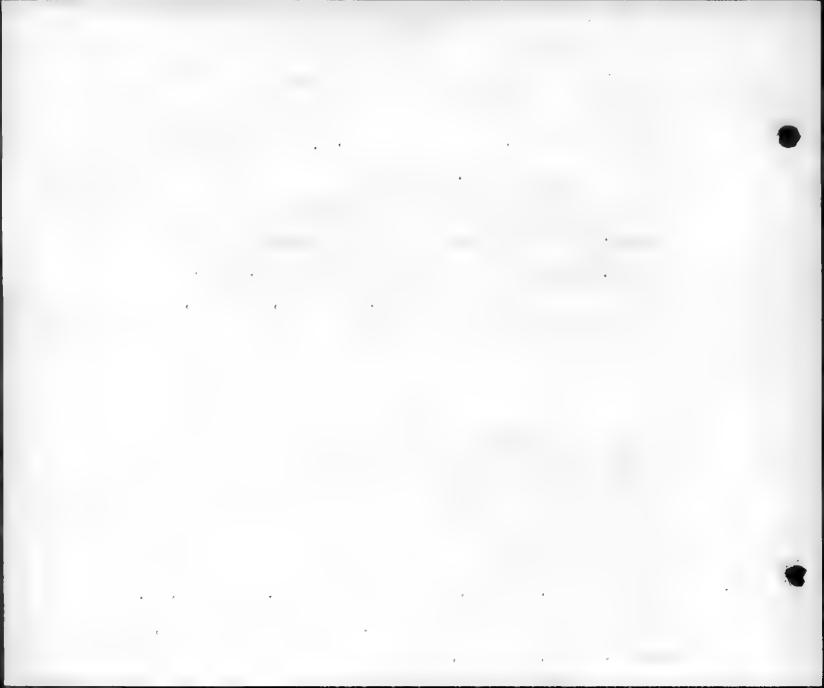
death. Page

mauries that the death certificate be executed within 24

VS A15 (4) 15M 9/58

Theraten B. Jelley, Salisbury, Md

220 BURIAL, CREMATION, 226. DATE THEREOF



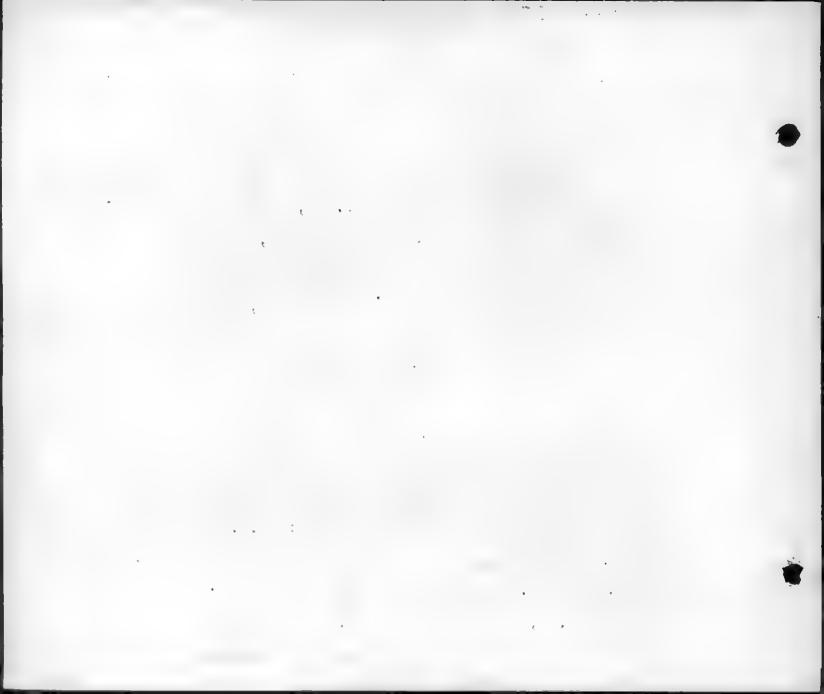
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

	17577		CERTIF	ICATE	OF D	EATH				14557
1. PLACE OF DEATH 0. COUNTY W	icomico		MARI	rLAND 2	. USUAL RES o. STATE	Maryl		d. If institution b. COUNTY	Residence b	efore admission)
B. CITY OR TOWN (IF RURAL and give need Rural)	outside corporate limi rest fawn) Blisbury	its, write	c LENGTH OF STAY	IN 16	c CITY OR	-	bury (RAL and give	nearest lown)
d name of hospita or institution	(If not in haspital, gaylor Mi				d: STREET	ADDRESS	r Mill			o. IS RESIDENCE ON A FARMY YES KNO
3. NAME OF DECEASED (Type or print)	BESS		Middle MA		MORG	AN	4. DATE DEATH	Manth DECEM	BER	Doy Year 15th19 6
Female	White	WIDOWE	hompi	D 0		^{тн} . 4,1 88			Months Day	AR IF UNDER 24 H
House Work	at Home	done 10b. K	None		Cris	field	, Maryl		12 CITIZEN	S A
James Edw		9			Laur		a Beas			
(15. WAS DECEASED EVER	IN U. S. ARMED FOI yes, give war or dates of t		OCIAL SECURITY NO	Mr. H	andal Sal	l Mor	gan(So	n)2317	Abbo	tt Driv
	H [Enter only one of H WAS CAUSED BY: MMEDIATE CAUSE (C DUE TO)	e for (a), (b), and (c)	ulor	cona	7 lm	Moles	m		NTERVAL BETWEEN
Conditions, if any gave rise to im couse (o), stoling the lying cause lost.	mediate (DUS TO)	2	hom	loses	70	leefe.	leg ve	ers	\$
САТІС		IDITIONS CI	A freu	ATH BUT NO	T RELATED T	O THE TERMII	NAL DISEASE CO	ND.TION GIVE	N IN PART 1(c	1) 19 WAS ALTOP PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	EDICAL EXAMINER)	20b. DESC	ribe hów injury c V/A	CCURRED. (Enter nature	of injury in P	ort (or Port II o	of item 18)		
ZOC TIME OF INJURY Hour o.m.	Manth, Doy Ye	While al work	UURY OCCURRED Nai while at work	20e. PLACE factor	y, street, affi	(Home, farm, ice bldg, etc	20f. (City ar t	N/A,	(Cour	nty) (Sto
21. I certify that saw the decease			ed the deceased 5_19_60, and			0 40	M, from the	causes and		that (I) (we) la
220. SIGNATURE	next m	1	ermo-	M.C		₩ DII	D RECTOR D	TAFF De	c. /7	7_/1960
22c PHYSICIAN'S NAME (Type)		.Ları					laware			
23a BURIAL, CREMATION REMONAL TEMP	Dec.20,			ld Ce	meter	9		ield,	Maryl	
HOLLOWAY		Y SA	ALISBURY	MARY	LAND	25g. REC'U	BY BEGISTRAR		RARS SIGNA	ITURE of Phase

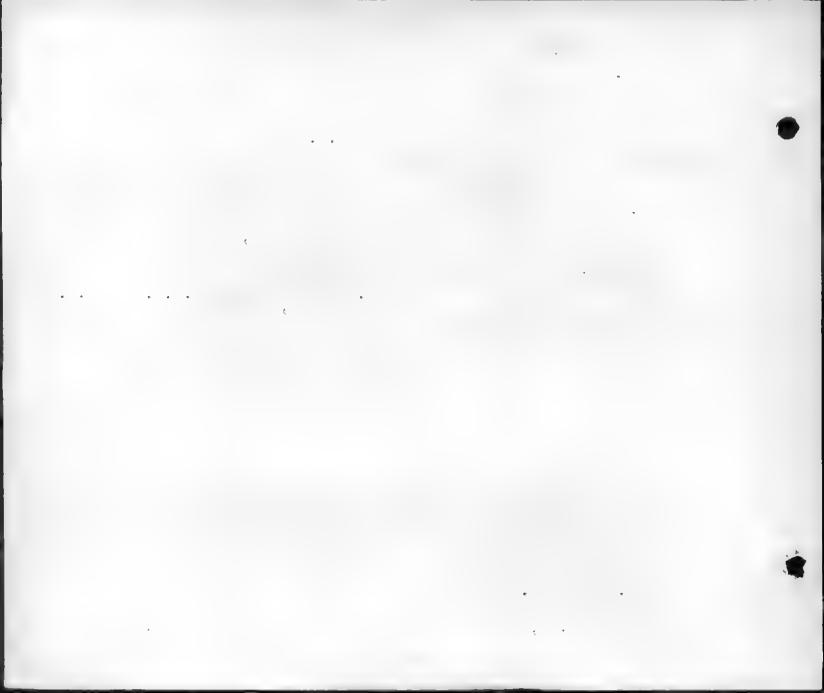
may be rewall by the haspital ar attending physician.

THENERAL BIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. ATTENDINE PHYSICIAN: The law requires that the death mertificate be executed within 24 ha TO HOSPITA VR A15 (4) 15M 9/59



'n

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		14575		CERTIFIC	ATE	OF DEATH				4/1	-39	}
	PLACE OF DEATH	comico		MARYLAN		USUAL RESIDENCE (Who o. STATE Mary)		l lived. If institute b. COUNTY		com		sion}
- 1		Lisbury	ts, write	c, LENGTH OF STAY IN	16	Salis	_	rote limits, write R	URAL ond	give nec	irest tawr	n]
	OR INSTITUTION	(If not in haspital, g	ive street a	(ddress)		d. STREET ADDRESS R.D.#	£ 3				ONA	FARM?
- 1	NAME OF DECEASED (Type or print)	FANN		CATHERIN	E	PARKER	4. DATE OF DEATH	DECEM	BER		th	Year 19 60
s. :	Female 6	White	7 MARRI WIDOWE	ED NEVER MARRIED (_	ug. 31, 1891	_	9 AGE (In years lest birthday) 69 yrs.	Manths 3	Days O	Hours	Min
	House Working FATHER'S NAME	rk at Ho		KIND OF BUSINESS OR IN		W100m100	CO.			TIZEN OF	A	COUNTRY?
75 (Yiii	James W. (WAS DECEASEDEVER II NO (If)			SOCIAL SECURITY NO	Z INFO	Alice Adamson Park	er(S	on)R.Ď.	# 3 y Ma	ryl	and	
	PART I. DEATH PART I. DEATH Conditions, if any, gove rise to imm cause (a), stating the lying cause lost,	WAS CAUSED BY: AMEDIATE CAUSE (a DUE TO , which he digte)	Convoy	Cen	Thrombs	sur.				2-	
CERTIFICATION	PART II OTHER 200, ACCIDENT WAS OR CONTRIBUTING II	UNDERLYING	- 1	CRIBE NOW INJURY OCCU	**************************************	and or	low	7	VEN IN PA	ART 1(o) 1	P WAS PERFO YES [DRME D?
MEDICAL (20c TIME OF INJURY Hour a.m. p.m.		or 20d, IN While of work	Nat while		OF INJURY (Home, form, street, office bldg., etc.		or town) N/A		(County)		(State)
	sow the deceased 22a, SIGNATURE 22c, PHYSICIAN'S NAME (Type)	d olive an	L	ed the deceased from 19, and the record		ATTENDING MI	ED RECTOR	the causes ar			stoted	(we) lost d obove. Rb. DATE SIGNED 1960
230	BURIAL, CREMATION REMOVAL (Specify) BURIAL	Dec.12.		Charity C		REMATORY Ch Cemete		TION (City, town, D.# Sal			(Sto	ylan

25b. REGISTRAR'S SIGNATURE

Ciriling S. truss.

25a REC'D BY REGISTRAR

DATIDEC 1 3 '60

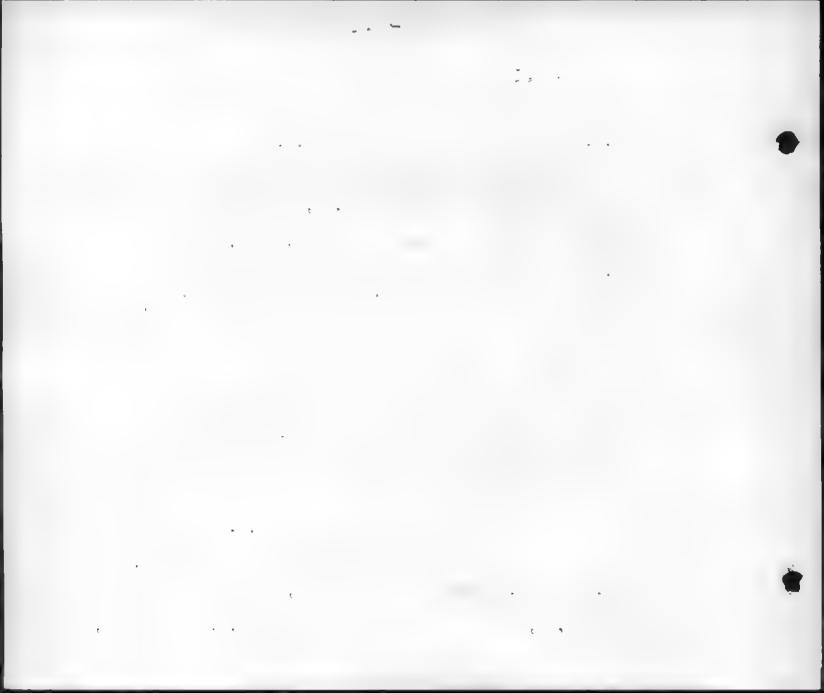
ADDRESS

SALISBURY MARYLAND

VR A1S (4) 15M 9/59 24 FUNERAL DIRECTOR'S SIGNATURE

COMPANY

HOLLOWAY &



VR A15 (4) 1SM 9/59

M	A	RY	LA	ND	STA	ATE	DEP	AR	IMT	ENT	OF	HE	Al	.TH	4
ME.	05	CT 4	TICS	TICAL.	DOCKE	NOCH.	ABID	200	ABBC		A LTL	MADE		68.4	ı n

RE 1, MARYLAND

				DIVISION	OF	STATI	STICAL	RESEARC	H AND	RECOR	DS -	- BALT	IMOI
i	4	Ö	4	DIVISION			CE	RTIFIC	CAT	E OF	DE	ATH	

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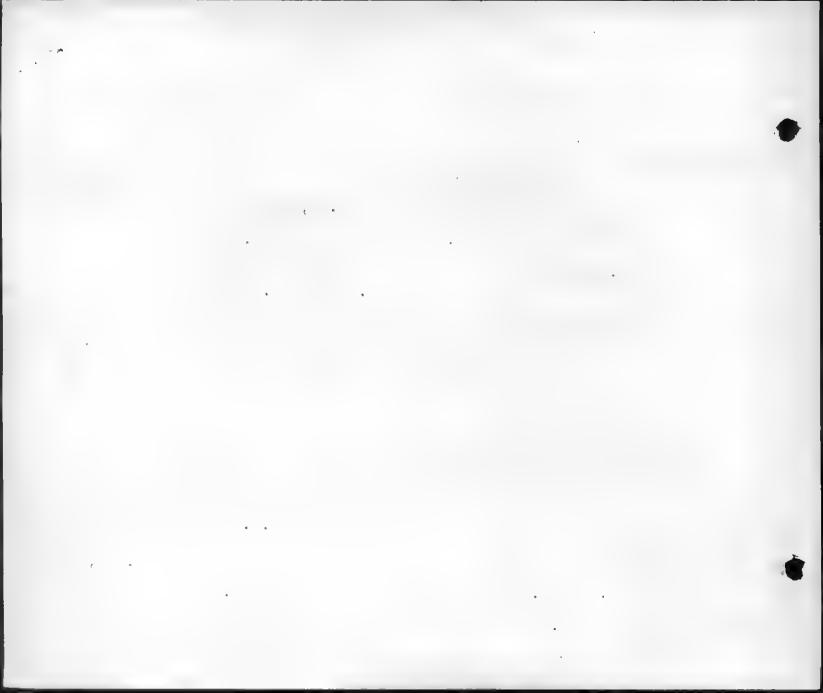
11010 CERTIFICA	1-4-61 et 15-0511
1 PLACE OF DEATH	2 HICHAR DECIDENCE Dathars described the artifution. Paridone before admission)
WICOMICO MARYLAND	STATE B. COUNTY Vicomico
b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Salis buck	Jalisbury
d. NAME OF HOSPITAL (If not in hospital, give street address)	#H STREET ADDRESS
Peninsula General Hospital	77 / nanetyl/ / General Avenue ON A FARM?
3. NAME OF First Middle Middle	Last 4 DATE Month Day Year
(Type or print) Bertha	Tarsons DEATH Lecember 17 1960
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min
temale Negro WIDOWED & DIVORCED	December 25,1887 72 m
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
Domestic	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanly Holbrook	Ella Hitch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address of Ware It
(6)	lin Holbrich Jako Inf mil
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	DINSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Nacuus (eielligh Heurstafe
DUE TO	· Geralinia 1
Conditions, if any, which) (b) / Thecher	en
gave rise to immediate cause (a), stating the under	
lying cause last (c) CENCLUS -	eleration
PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED?
200 ACCIDENT WAS LINDERLYING TO 200 DESCRIPE HOW INTERVOCCURRED	YES NO
200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH	ED (Enter nature of injury in Part I or Part It of item 18.)
UF EITHER, NOTIFY MEDICAL EXAMINER)	
(a	LACE OF INJURY (Hame, farm, 20f. (City or lawn) (Caunty) (State Indian, etc.)
Haur a. m While Not while rat wark p. m. 19	crosy, street, orace bidg., etc.)
21 I certify that (I) (this haspital) attended the deceased fram.	
saw the deceased alive an19, and that a	death occurred at 1.2 M, from the causes and an the date stated above
220 SIGNATURS	ATTENDING MED STAFF SIGNE
	M D PHYS DIRECTOR D PHYS
122c PHYSICIAN'S NAMESTYPE PARTY E HE ARN,	22d. ADDRESS *
230 BURIAL, CREMATION, 236, DATE THEREOF 234 NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)
REMOVAL (Specify) Rilmial 12/22/1960 Venton	Venton Rd.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
aliter of Stewart dalis	and, 0005027'60 Galling & 4.



TO HOSPITAL

VR A15 (4) 15M 9/59

1700	<u> </u>	CERTIFIC	CAIL	OI DEATH				TAUX	<u> </u>
PLACE OF DEATH			2. 4	SUAL RESIDENCE (WI	here deceased				
Wicomico		MARYLA	AND	. STATE Maryla	ınd	P. CONITA A	Vicomi	.00	
 CITY OR TOWN (If outside corporate RURAL and give negrest town) 	limits, write c.	LENGTH OF STAY IN	4 1b	CITY OR TOWN (IF		ate limits, write RUR	AL and give n	earest town)	
Salisbury				ol Salisb	ury			1	
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION		•		STREET ADDRESS				e. IS RESIDEN	RM?
113 Washi	ngton S	t		/ 113 Wa	shing	ton St		YES NO	
NAME OF DECEASED	First	Middle		Lesi	4. DATE OF	Month		Day Year	10
(Type or print) EL.IJ		WESLEY	7	ARSONS	DEATH	DECE		17th9	60
SEX 6. COLOR OR RA	772 774	NEVER MARRIED		TE OF BIRTH		last birthdoy)	Nonths Days	Haurs /	Min
Male White	WIDOWED [ag.17,189		70 yrs	12 CITIZENI	OF WHAT COU	NITDYO
0a USUAL OCCUPATION (Give kind of w during most of working life, even if re	ired)		INDUSTRY						NIKIT
Laborer 3. FATHER'S NAME	‡	None	114	Sussex MOTHER'S MAIDEN I		laware	US	A	
James H. Parsons	FORCES? 14 SOC	IAL SECURITY NO	JZ INFORA	Amanda			1220	77 7 4	
(Yes no, or unknown) (If yes give war or date		Int seconii 1 10	Mrs.	Sernice Street, S	l.Pars Salist	ons(WII) oury,Mary	land	Washin	ngt
Conditions, if any, which	(b) C/4	reesti	re- 1	reart	fore	ure.	/	ch	-
PART II. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEAT	H_BUT NOT	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIVEN	IN PARY 1(o)	PERFORME YES N	ED?
OR CONTRIBUTING CAUSE OF DE	ATH	E HOW INJURY OCC	CURRED. (En	ter nature af injury in	Part I ar Por	II of item 18)			
20c TIME OF INJURY Month, Doy, Hour a.m. N/A	Year 20d, iNJUI While at wark	Not while		of INJURY (Hame, fare street, office bldg., etc.)		or town) N/A	(Caunt	y) (y	(Stote)
21. I certify that (I) (this has sow the deceased dive on	ital attended	the deceased fi	hot death	occurred of	M, from	the couses and	., 1962_G, on the do	that (I) (we)) last
non South Delle	Osles		M.D	ATTENDING M	AED DIRECTOR [STAFF	ee. 19	22b, D/	
72c PHYS CIAN S NAME (Type)				22d. ADDRESS					
Dr Earl I	Beards	ley		Maryland	l Ave.	Salisb	ury, Ma	irylan	d
30 BURIAL, CREMATION, 236 DATE THE REMOVAL (Spec fx) Burial Dec.1		Wicomico		matory orial Pai		ION (City, town or alisbury		(State)	
FUNERAL DIRECTOR'S SIGNATURE	7,10,00	ADDRESS		-	D BY REGIST		·		
HOLLOWAY & COMPA	NY SAT	ISBURY M	ARYI.	AND PATINE	0.21 160	0 11	- 9 th.		



	14576	CEKTIFICA	IE OF DEATH		14042
1. PLACE OF DEATH • COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution: Resid	Wicomico
b CITY OR TOWN RURAL and give	(If outside corporate limits, write necrest town) Hebron	c. LENGTH OF STAY IN 16	Hebron	de corporate limits, write RURAL on	d give nearest town)
d. NAME OF HOSP OR INSTITUTION	Main St. Ext		Main St	Ext,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ISAAC		PHILLIPS 4.	DATE Month DECEMBER	7
Male Male	White Widow	ED DIVORCED	B. DATE OF BIRTH Nov. 6,1883	lest birthdey) Months	
	ON (Give kind of work done 10b rking life, even if retired) EMPLOYEE (J. I.	KIND OF BUSINESS OF INDU LABORET Wells Co.)			U S A
13. FATHER'S NAME Thomas Ja	ames Phillips		Sarah Ann	Hopkins	
No DECEASED EV	(If yes, give wor or dotes of service)	social security no Mr	Clarence M. I Hebron, Ma	hillips (Broth ryland	er)Walnut
Conditions, if gove rise to cause (o), stoting the last of the las	immediate DUE TO	Pulonon	ay Emboli		ONSET AND DEATH
200 ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	clafe	wana .	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P.	ART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
20c TIME OF INJU Hour a.m p.m	NT /A 19 While	Not while fo	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City or town) N/A	(County) (Stat
	at (I) (this haspital) attendated ative an 12/2		death accurred at 30 M	from the causes and an t	he date stated abave
22c. PHYSICIAN'S NAME (Type)	Cinest M.L.	armore	ATTENDING MED. DIRECTOR OF THE PROPERTY OF T	tor STAFF Dec.	30 /1960
230 BURIAL CREMATI REMOVAL ISPECIF BURIAL	ON, 236 DATE THEREOF	236 NAME OF CEMETERY C	OR CREMATORY 23	LOCATION (City, town, or county) Quantico Mary	7 7
24 FUNERAL DIRECTO		ADDRESS AT.TSBURY MAR	25a. REC'D B	Y REGISTRAR'S	

SALISBURY MARYLAND

DATEAN 5

director. the funeral letely filled in by the funeral and in any event, within 72 hours offer death. Then please remave carbon papers. moy be revained by the flospital or attending physician.

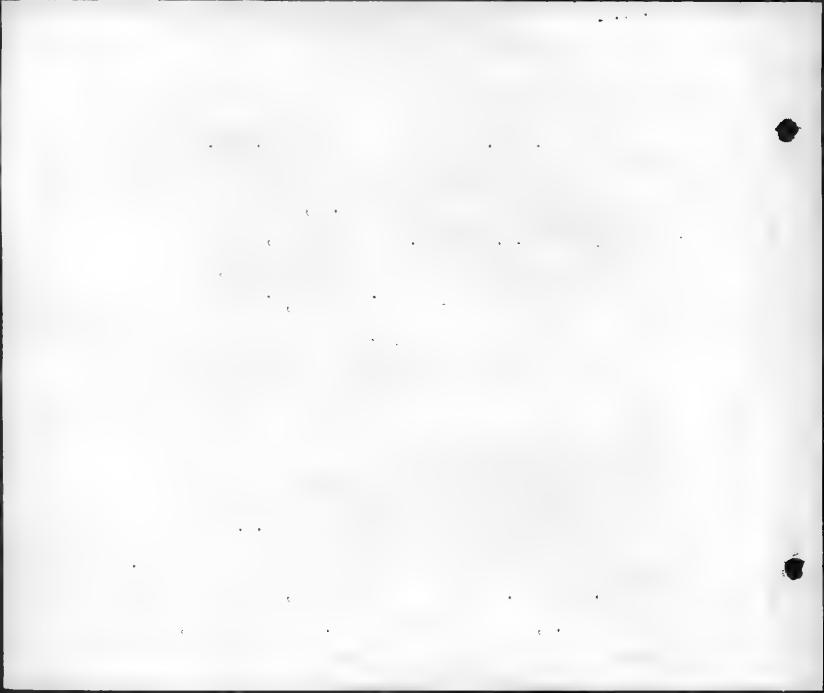
TO FUNERAL DIRECTOR: After this cert's cate has been signed by the attending physician and page 3 should be detached far use as the bund-transit permit. Then please remave carbon is the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 has

death. Page 4

VR A15 (4) 1SM 9/59

HOLLOWAY & COMPANY

TO HOSPITAL



VS A15 (4) 15M 9/58

Hours 12. CITIZEN OF WHAT COUNTRY? Records -- Salisbury. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO IX (Stote) (County) . 1960, that I last saw the deceased ___, and that death accurred at 1:50AM, from the causes and on the date stated above. **DATE SIGNED** _(Stote) 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

19 60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whate decreased lived, if institution: Residence before edmission a. COUNTY necessary, ector, Page a. STATE b. COUNTY to the fureral director. Page to the fureral director. Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Saliabury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Salisbury 0 . IS RESIDENCE ON A FARM? retained he State B YES NO D Delaware St. Middle OF (Typa or print) DEATH Lee 16. COLOR OR PACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS. B. DATE OF B.RTH last birthday) Months Days WIDOWED [TOB. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Giva kind of work 2. CITIZEN OF WHAT COUNTRY? dona during most of working life, even If retired) pages Within PM3. 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 (Yes, go, or unkown) | (Ifyasgiva war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia -Sudden **DUE TO** Conditions, il any, which Aspiration of vomitus gave rise to immediate cause **DUE TO** (a), stating the undarlying PART 1. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8' 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 Medical NO should 2Da. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18) CALSE OF DEATH. hild put to bed after 1 A 2Dd. PLACE OF NURY (Home, farm, A.M. feeding. 20c. TIME OF INJURY (State) factory, straat, office bldg., atc.) While Not Whila forwarded to the at work i et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion death resulted from Natural causes Accident Suicide Hom.cide / Ungtelerminee manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Examiner's Earl Roy NAME (Type) MAddrass (Streat, city, town or county) 228 BUR AL CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 0 uscal, 23. FUNERAL DIRECTOR VS. ATSME



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MARYLAN	ID STAT	E DEPA	RTMENT	OF I	HEALTH
ON OF STATISTIC	AL DECEAD	CH AND PI	FCOPDS B	ALTIMAC	DE 1 MADVI

		DIVIS	ION OF			D RECORDS — BALTI	MORE 1,	MARYLAND			115	r A par
1,	PLACE OF DEATH O COUNTY	Wicomico)	MARYL	LAND	2 USUAL RESIDENCE (WHO IS STATE Maryl		d lived, If instituti b. COUNTY		nce befor		or)
	RURAL and give no	f outside corporate limi carest tawn) Salisbury	ts, write	17 days	IN 16	Berlin	outside corpo	orate limits, write R	URAL and	give nea	irest fawn)
	OR INSTITUTION	ad State Ho		_		STREET ADDRESS RFD #3						FARM?
3.	NAME OF DECEASED (Type or print)	Mattie		Middle	R	obinson	4. DATE OF DEATH	Mor Dece	mber	Da 20	6	Year 19 60
_	Female	6 COLOR OR RACE	WIDOWE			DATE OF BIRTH April 28, 19:		9 AGE (In years lost hirthdov) 40 yrs	Months	Days	Hours	Min
	Unkno	ting life, even if retired	done 10b. (Unknown	R INDUST	North Car	olina	ountry)	12 CII	TIZEN OF	WHATC	OUNTRY
13		Kornegay			1	14. MOTHER'S MAIDEN N						
15 (Y.	NO .	R IN U. 5. ARMED FOR (If yes, give war or dates of s ITH [Enter only one ca	ervice)	Unknown		Hospital	Record		Iress		ERVAL BE	
TON	Conditions, if a gove rise to i cause (a), stating lying cause lost,	mmediate the under-	1	Carea	WOY	TOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIT	VEN IN PA	1	PERFO	AUTOPSY PRMED?
MEDICAL CERTIFICATION	THE ELLINER, NOTIFE	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye		IJURY OCCURRED	20e. PLA	(Enter nature of injury in CE OF INJURY (Home, form rry, street, affice bldg., etc	n, 20f (Cit)			(County)	YES [(Stoke
~	21 I certify the saw the decease 220 SIGNATURE 22c. PHYSICIAN'S	of (I) (this haspital sed only an December of December 1) of the Lee L.) attend	ed the deceased 1960, and	that de	ath accurred at 11 s	ED RECTOR []		Dec.	26,	196	DATE SIGNE
	BURIA, CREMATIC BEMOVAL (Specify)	S SIGNATURE	0	23c NAME OF CEME VERGE ADDRESS	EE A	/ (E.D.) 25a. REC'	BEG 2 9		ISTRAR'S S	SIGNATUI		0)
1	TIPLE	- WHUILE	11-20	13 OURAL	1	2	ALM P.O.	00	withus	A. 100	TW/OZ	

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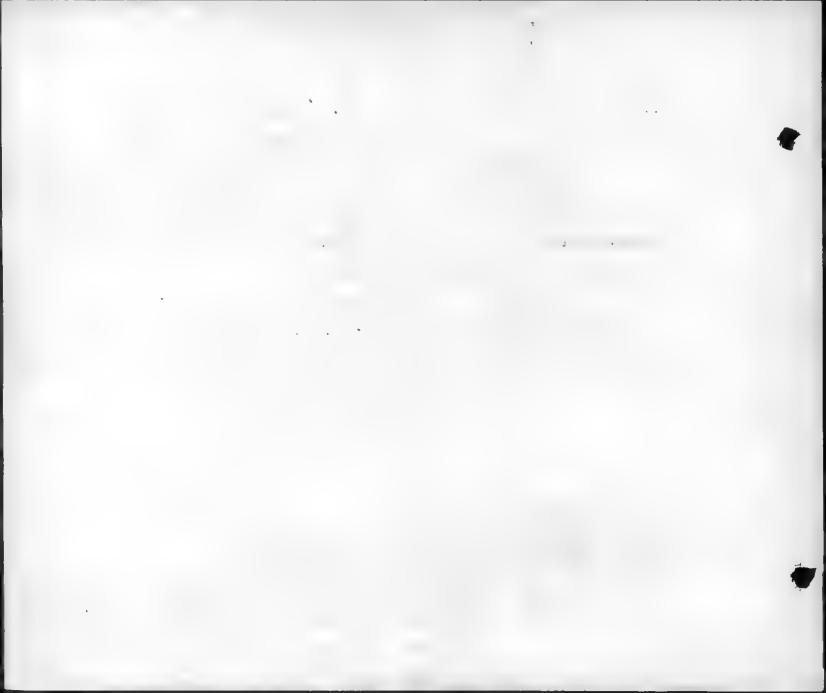
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	1 PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE D. COUNTY D. CO
.)	WICOMICO MARTIAND /// //
1)	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. 9TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Salisbury Mausbury
- W - P-	d. NAME OF HOSPITAL (If not in haspital, give street address) or INSTITUTION on A FARM?
F 7	reninsula General Hospital 404 Montrello Well YES NO
	3 NAME OF First Middle Last 4. DATE Month Day Year OF
t d	(Type or print) LEONARD Scher DEATH December 7 1960
P	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
er er	male White WIDOWED DIVORCED 4/ yrs WIDOWED DIVORCED
27.5	100 USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 ARTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
hor	Garanaus Gamore La WSA
2	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Ē .	Chilip Rosa
3	75 WAS DECEASED FER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17/INFORMANT
- A	(Ver. no. or unknown) (11 yes, give wor or dotes of service) Develle Hehory - Same
<u>*</u>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
.c	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
pu	IMMEDIATE CAUSE (a) DUE TO
-i	Conditions, if any, which is a therefore Mense con black, frifeire file a price with
JOA CONTRACTOR OF CONTRACTOR O	gave rise to immediate
- <u>5</u>	Life constant the under-
Ď,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) 19 WAS AUTOPSY
ig 🗸	PERFORMED? YES I NO. A I
E U	
5	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Jarra .	20c. TIME OF INJURY Manth, Day, Year 20d INLURY OCCURRED Advanced Based on the Country (State) Have a. m. While Not while Satery, street, affice bldg., etc.)
, Q	
io i	
ă 1	21 I certify that (I) (this hospital) attended the deceased from 12-7, 1960, to 12-7, 1964, that (I) (we) last
To a second	saw the deceased alive an
Ĭ	ATTENDING MED STAFF SIGNED
10.	M.D. PHYS. DIRECTOR PHYS. A
800	NAME (Type) 211 Marxland que 1/1/6
tate	230 BUR AL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 230, TOCATION OF LOWIN, or county)
) III	PREMOVAL (Specify) 12-8-60 Sugare Telon Goto MA
± , 1	247 UNERAL DIRECTOR'S SIGNATURE ADORESS 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE
	Lack bewis Me 21006 liter / Kasa DATEDEC 9 '60 CILA S. Think
and the same of	

may be retained by the haspital ar attending physicion

TO FUNERAL MIRECTOR: After this certificate has been 8 gned by the attending physician and campletely filled in by the funera director, and 2 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with fler death. Page R ITTINDING THYTICIAN: The law requires that the death certificate Te executed within 24 house

TO HOSEITA VR A1S (4 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14547

6 1	1. PLACE OF DEATH	Wicomico		***	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L RESIDENCE (V	Where deceo		institutio YTMLO	n: Residence l	pefore adm	ission)
. 1	<u>/</u>		4 5	MARYLANI	1		yland				neste:	
	RURAL ond give no		s, write c.	LENGTH OF STAY IN 1	c. CIT	Y OR TOWN (II		porote limits,	write RU	IRAL and give	nearest to	wn)
	Salisb		- 1	152 days		Secre	tary					
0.	OR INSTITUTION	AL (If not in hospital, g			d. ST	REET ADDRESS		1	0	1. "	ON	A FARM?
71		s_Head_Stat								X	YES	Z NO [
	3. NAME OF DECEASED	Fin		Middle		Last	4. DATE		Mont		Day	Year
	(Type or print)	Fra		F.		himek	DEAT		Dec		5	19 60
	5. SEX	773 2 4	VIDOWED □	NEVER MARRIED	8 DATE O	2//88	12	9. AGE (I		Months Do	_	
	LOGS US JAL DECUPATIO	ON (Give kind-of work d	lone 10b, KINI		DUSTRY 11.	IRTHPLACE (Sto	ole or foreign	co#ntry)	1	12.CF#2EJ	OF WHA	T COUNTRY
	Auring most of work	ring life, even if retired)	8	۰		na	ry	ans	4	11.	2,0	L.
	13. FATHER'S NAME		0	1	14 ,M9	THER'S MAIDEN	NAME	7	1	13 4		
1	1 F.		-7 LA		Children and	2 - 7 - 1.6	Elmk		Addre	- total		
	(Yes, no, of unknown)	(If yes, give wor or dotte of se		-20 -520/	INFORMAN	Fra	nkt	Thema	A X	400	16:4	1/1 d
	18. CAUSE OF DEA	ATH [Enter only one co	use per line fo	or (a), (b), and (c).]							INTERVAL	BETWEEN
	PART I, DEA	TH WAS CAUSED BY: [1]	A	cute myoca:	dial f	ailure]	onset an	
	125	DUE TO										
	Conditions, if o	ny, which) (b)	A:	rteriosclei	osis,	general				þ	LO ye	ars
	gave rise to in couse (o), stating	mmediale (
	lying couse lost.	(c)										
	PART II OTH	HER SIGNIFICANT CON	DITIONS CON'	TRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TER	RMINAL DISE	ASE COND T	ION G VI	EN IN PART 1	o) 19 WA	S AUTOPSY
	PART II OTH											NO [
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OCCU	RRED. (Enter n	oture of injury i	in Port I or F	ort il of iten	18.)			
	ZOC. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yed	20d. INJUR While of work	Not while		JURY (Home, fo t, office bldg., e		ity or town)		(Cou	niy)	(State
	21. I certify tha	t (I) (this hospital) ottended	the deceosed from	n. Jul	<u>y 6 1</u>	12 60 , to	Dec	5	, 19.60	, that (I'	(we) las
	saw the decease	sed alive on 2	17	_19 , and tha	t_death ac	curred at	M, frai	m the cou	ises one	d on the d	ote stati	ed above
	220. SIGNATURE	77			ATT		O A.M.					22b-DATE
	1 Dec	00	aw	u	M.D. PHY	s 🗆	MED. DIRECTOR	STAFF	X		12	/5/60
- /	22c PHTSICIAN'S NAME (Type)	Lee L. Law	ry, M	D .	1	Deer's	Head I	lo,spit	al; 5	Salisbo	iry, l	Md
	23g BURIAL, CREMATIC	N, 236 DATE THEREO	F 23	ET NAME OF CEMETER	OR CREMAT	ORY	238 000	TATION (CIN	r, town, o	(Lounty)	(5	tote)
	BEMOYAL ISPOSITY	17-17/6	0 1	Prasher	1/5%	- 1	74	ulla	cake		1	and a
	24 FUNERAL DIRECTOR	S SIGNATURE	KI WA	ADDRESS ADDRESS	aket			STRAR 25		TRAR'S SIGN.		
	12000	11/20 1 10/10	9	as Ind il	Concess A	DATE	LL 3	50	T	lun S. K	inii.	

may be retained by the haspitol ar attending physician.

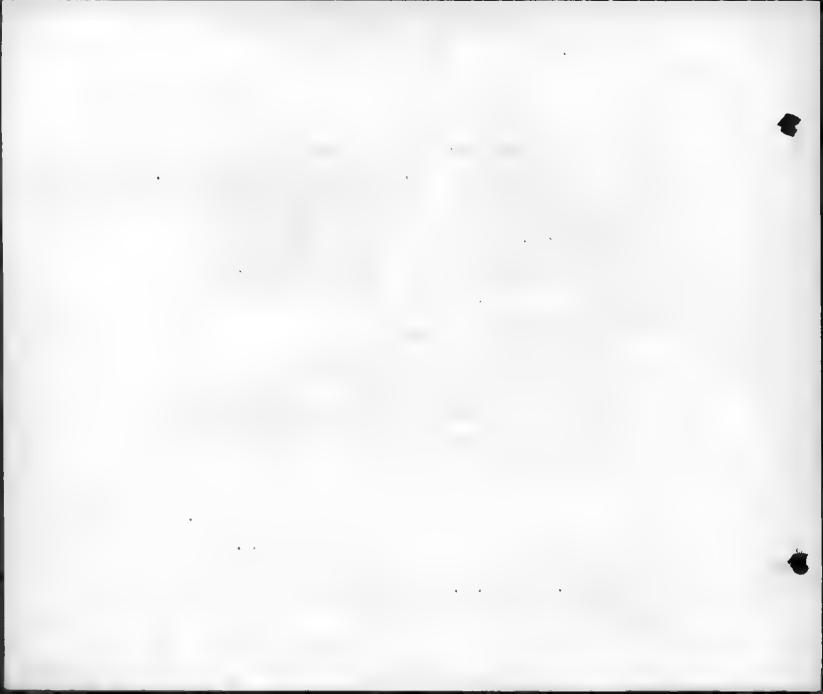
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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

TO HOSPITAL O

VR A1S (4) 1SM 9/59

death, Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14556 ofter death Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

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	o. COUNTY		a STATE	L COUNTY
	Wicomico	MARYLAND	MANZYLAN	d 6. COUNTY WOIZCESTEIZ
	b CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outlide corpored	te limits, write RURAL and give nearest town)
	SALISBURY	SDAYS	NEWARK	73X-1
H	d. NAME OF HOSPITAL (If not an hospital, give street OR INSTAUTION	address)	d. STREET ADDRESS	e 15 RESIDENCE ON A FARM?
۱	PENINSULA DENERAL HO:	SPITAL	Pout E	YES NO
	3 NAME OF First	Middle	Last 4. DATE OF	Manth Day Year
	(Type or print)	<u> </u>	SHOCKLEG DEATH J	DECEMBER 19 1960
	5 SEX 6. COLOR OR NACE 7 MARR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS light birthday) Months Days Hours Min
	MALE COLORED WIDOW	ED 🛛 DIVORCED 🗌	7-4-1900	60 yrs 10013 Mill
	10a USUA: OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Stole or foreign cour	12. CITIZEN OF WHAT COUNTRY?
	FARMER F	ARMINA	MARYLAND	0.54
1	13 FATHER'S NAME	/	14 MOTHER'S MAIDEN NAME	7
	GEORGE Shockle	v.	HESTER	DOENCE
		SOCIAL SECURITY NO 17 IN	IFORMANT	Address
	NO NO 2	18-30-1051 NO	IR REESE Shockley	- Surw Hill, Ind. 18-"/
	18 CAUSE OF DEATH [Enter only one couse per li	ne for fa), (b), and (c)	A 91 -18	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rteressolo	ratio Hearth	usease) -
	DUE TO	$0 \cdot 0 \cdot 0$		00 0 -1
	Conditions, if any, which) (b)	CT seder	contraduce (o	Vuluouale 2 days
	gave rise to immediate DUE TO		A 40.60 . 1.	7 0
	lying couse lost. (c)	wow Whis	eticline empli	penia
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	Z			YES NO.
	206 ACCIDENT WAS UNDERLYING 206 DESC	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Part I	of item 18.)
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		For	ACE OF INJURY (Home, form, T20f, (City a clary, street, office bidg., etc.)	r town) (County) (Stote)
	Haur c.m. P.m. 19 at wor	1401 Abitie	1	
	21 I certify that (I) (this haspital) attend	ded the deceased from	12/14 196010	12/19 1960 that (1) (we) last
	saw the deceased glive on 241	8 12 60 and that d	leath accurred at? 45 M. from th	ne couses and on the date stated above.
	22a SiGNATURE		7,777	725 DATE
	Justes S. Est	Dekler to	M D PHYS MED DIRECTOR	STAFF 122260
	22: PHYSICIAN'S NAME (Type)		22d ADDRESS	1.0
	Rutus J. C	JARANER JR.	SAlis bury	(1) a,
	230. BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCATIO	Oh (City, lown, ar county) (State)
	Busial 12/22/60	St. Petiers	Com- NR.)	VewAck, Mod,
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTR	AR 256 REGISTRAR'S SIGNATURE
-	Th. ~ 1/2 1 13 . Inla	Salishum	DATE WELL Z 8 Y	Cirilian 9 ft.

may be read had by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 murs ofter dimth.

TO HOSPI VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 455 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY Wicomico MARYLAND Maryland Wicomico c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give negrest town) Salisbury d STREET ADDRESS E.Pinehurst Ave E.Pinehurst Ave 4. DATE First Middle Lost Month Year MALISSA CATHERINE SHOCKLEY DEATH DECEMBER 18th 19 9 AGE (n years lost birthday) 7 MARRIED X NEVER MARRIED 8. DATE OF BIRTH Months Days Hours DIVORCED [WIDOWED [80 ya. March None Smmerset Co. Maryland 14. MOTHER'S MAIDEN NAME Mary Anne Hall

b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO V NAME OF DECEASED (Type or print) IF UNDER TYEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE Female White 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) House Work 3 FATHER'S NAME Edward W.Ballard Mr. Palmer W. Shockley (Husband) hurst Ave. Salisbury, Maryl WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No 1B. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY min IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, 20d INJURY OCCURRED (Stote) Day, Year (County) foctory, street, office bldg., etc.) c. m. While Not while of work [7] at work 21 I certify that (I) (this haspital) attended the deceased from PC 195-12, that (I) (well last M. From the causes and on the date stated above. 19 60, and that death occurred at ... sow the deceased alive on Decemb 22a SIGNATURE 22b, DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS 960 M D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type Robert .Adkins Fruitland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 236 DATE THEREOF (Stote) Dec. 23,1960 Wicomico Memorial Park Salisbury Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g, REC'D BY REGISTRAR

director uneral _5 9 24 E g deoth. Œ erely offer papers. ā, hours gud pau 2 6 B physici emove attending please gned **buriol-fransit** been cremation, hos offending certificate After nay be retained to FUNERAL DIRECTOR: A Dage 3 shauld be detach and Health page 3 sh the State 0 VR A15 (4) 15M 9/59

1. PLACE OF DEATH

o. COUNTY

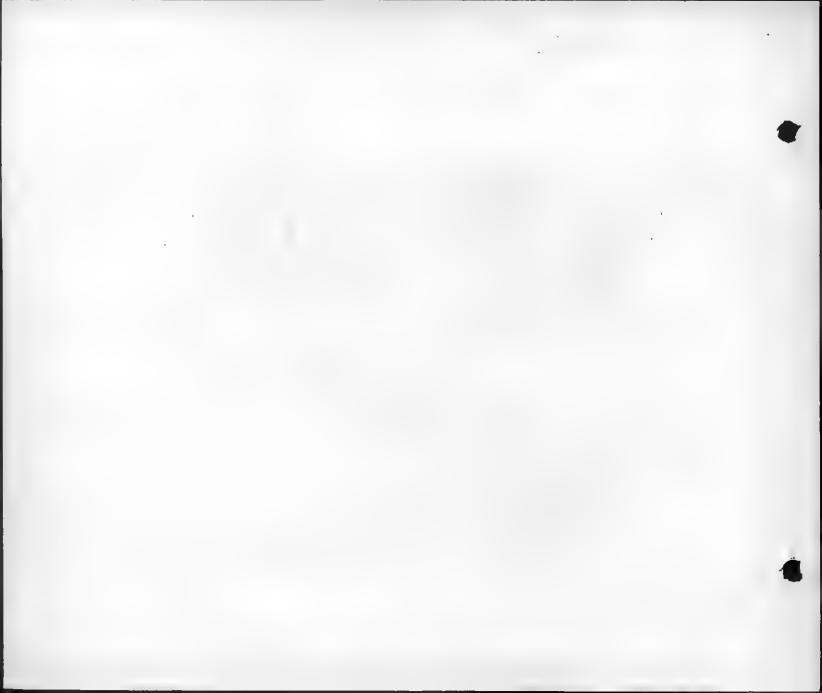
COMPANY HOLLOWAY 80 SALISBURY DATE DEC 21 '60

Chilbert & Frank



MARYLAND STATE DEPARTMENT OF HEALTH

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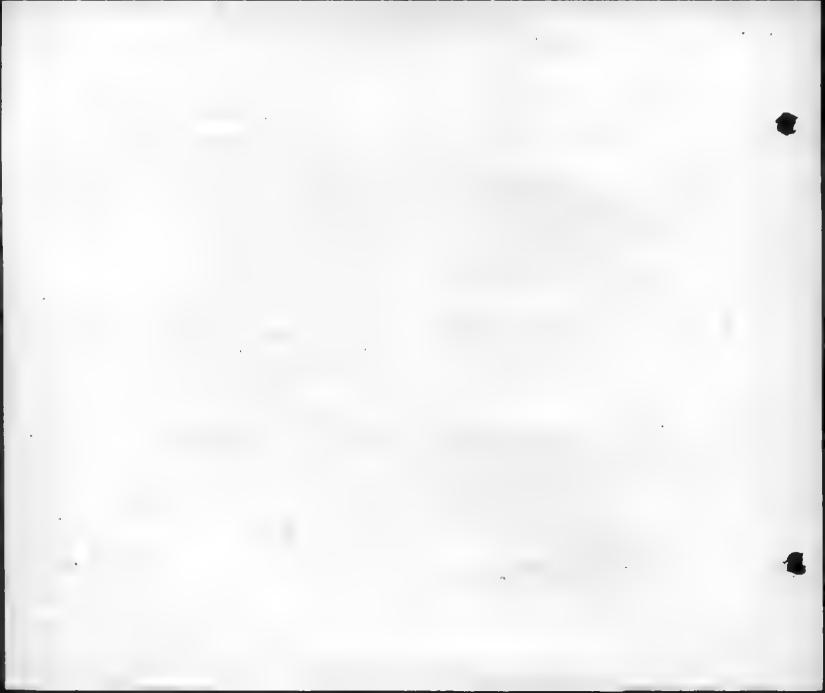
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed a. STATE b. COUNTY MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest fown) pe RURAL and give nearest town) Þ DAKSBURY RINCESS ANNE e. IS RESIDENCE d NAME OF HOSPITA's (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 207 BECKFORD AVENUE YES | NO IX PHINSULA JONELAI 4. DATE OF NAME OF Middle Month Year DECEASED (Type or print) DEATH MAE 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months DIVORCED [1-emne WIDOWED K 16 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA VIRGINIA HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD C. LILLISTON ANNIE A. BOOK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address OCOMOKE CITY, MD NONE HOBSON CORBIN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSETJAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse ost. AT IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Fort II of item 18.) 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while of work T of work T p. m. 0 0 196 G that (1) (=0) last 21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive on A 1966, and that death accurred a M. fram the causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. MD. 22c PHYS CIAN'S 220-ADDRESS NAME (Type) 23g BURIAL CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) REDBANK 12-31-60 NASSADAWOX 256 REGISTRAR'S SIG 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR

20 pup C filled Poges ă pup physica ottending pleose burial FUNERAL DIRECTOR: age 3 should be detac

director

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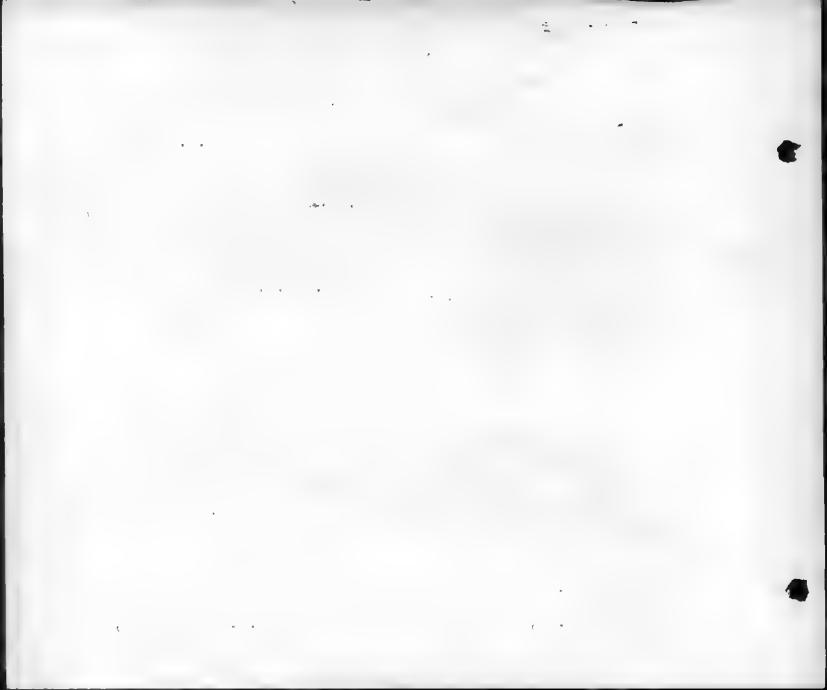
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

			OF STATISTICAL RESEARCH AND RECO	KD2 BALIII
4	5	60 -	CERTIFICATE O	F DEATH

7	1	5	5	2	
_	_	-5_2	1.2	Aug.	

	PLACE OF DEATH		AL A RAW AND	II a STATE	CE (Where deceased lived	F COUNTY		G _i
	Wicomico	XXXXXXXXX		Plat y 1			comico	
1	b C TY OR TOWN (If RURAL and give nec	autside corporate limits, :	write c LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporate li	imits, write RURAL an	d give nearest	tawn)
	Salisbury		Since 8/6/60	X Salis	bury			
	d. NAME OF HOSE TA	L (If not in haspital, give	street address)	d. STREET ADDRI	ESS			RESIDENCE
р		State Hosp	ital	Johns	on Road B	R.D.# 4		S NO
_	NAME OF DECEASED	First	Middle	Last	4. DATE	Manth	Day	Year
	(Type or print)	Blanche	Isabella	a Tindall	OF DEATH	Dec.	21	1960
\$ 5	SEX		MARRIED TO NEVER MARRIED	8 DATE OF BIRTH	9. At		ER 1 YEAR IF L	INDER 24 HRS
	Female	White w	DIVORCED	Feb. 26, 1	895	65 yrs Month	s Days Ho	lurs Min
10a	USUAL OCCUPATION	N (Give kind of work don	106 KIND OF BUSINESS OR INC	SUSTRY 11. BIRTHPLACE	(State or foreign country	12.0	TIZEN OF WH	IAT COUNTRY?
	Domesti	ng life, even if retired) C	None	Maryla	ind (Salisb	urv)	USA	
13	FATHER'S NAME			14. MOTHER'S MAI				
	Samuel Tw:	iee		Mar	y Parker			
15	WAS DECEASED EVER	IN U. S. ARMED FORCES	57 16 SOCIAL SECURITY NO. 17	INFORMANTIT. Ge	Ψ	77 (ABdetha	nd)	
ĮΥυ	s, no, or unknown) ()	flyes, give war or dates of service	218-34-9592	Records of	Pine Bluf	f State	Tosnita	ıl
_				-			INTERNA	I BETWEEN
		•	per line far (a), (b), and (c).]				ONSET	AND DEATH
	PARI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary Tul	perculosis			7	years
	0053	DUE TO						
	Candilians, if an	v. which)						
	gave rise to in	nmediate (
	cause (a), stating t	he under-						
7	lying cause last.	(c)_			Mehalia and delete co	1017104 011751 1110	4 DT 14 1 1D 14	ALLIZABLY
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH B	UI NOI RELATED TO THE	TERMINAL DISEASE COL	NUTTION GIVEN IN P	AKI I(d) IV. Y	ERFORMED?
3							YE	NO K
RTIF	20a ACCIDENT WAS	S UNDERLYING [] 20	b. DESCRIBE HOW INJURY OCCUR	RED (Enter nature of inj	ury in Part I or Part II af	stem 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	N/A					
MEDICAL								
EDI	20c. TIME OF INJURY	Manth, Day, Year	20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home	e, form, 20f, (City or to	(חשנ	(County)	(State)
	Hour a.m.		While Nat while	factory, street, affice bld	e, form, 20f, (City or to	N/A	(County)	(State)
*	Havr a.m. p.m.	N/A 19	While Nat while at wark	factory, street, affice bld	g., etc.)	N/A		
×	Havr a.m. p.m. 21 I certify that	N/A 19	While at wark A to wark A	foctory, street, affice bld N/A n.Aug. 6	., 1960 , to Dec	N/A 2. 20 . 19	60, that	(l) (we) last
W	Haur a.m. p.m. 21 I certify that saw the decease	N/A 19	While Nat while at wark	foctory, street, affice bld N/A n.Aug. 6	., 1960 , to Dec	N/A 2. 20 . 19	60, that	(I) (we) fast
W	Havr a.m. p.m. 21 I certify that	N/A 19	While at wark A to wark A	factory, street, affice bld N/A n.Aug. 6 t death accurred di	1960 , to Dec	N/A	60, that	(I) (we) fast ated abave.
W	Haur a.m. p.m. 21 I certify that saw the decease	N/A 19	While at wark A to wark A	foctory, street, affice bld N/A n.Aug. 6	1960 . to Des	N/A 2. 20 . 19	60, that	(I) (we) fast
W	Haur a.m. p.m. 21 I certify that saw the decease 22a. SIGNATURE	N/A 19	While at wark A to wark A	n Aug s 6	1960 , to Dec	N/A 2. 20 , 19 causes and an I	60, that	(I) (we) last ated abave. 27b. DATE 12/21/
W	Hour a.m. p.m. 21 I certify that saw the decease 220. SIGNATURE	N/A 19	while at wark	n. Aug. 6 t death accurred of Phys ATTENDING PHYS 22d. ADDRESS	1960 to Des 3:32A, from the	N/A 2. 20 , 19 causes and an I	60, that	(I) (we) last ated abave. 27b. DATE 12/21/
	Haur a. m. p. m. 21 I certify that saw the decease 22a. SIGNATURE 22c PHYSICIAN'S NAME (Type)	N/A 19 1 (1) (this hospital) of ed alive on Dec. YRRIC E. P. Rito	while at wark	n Aug 6 t death accurred of Phys ATTENDING Phys 22d. ADDRESS 'alis	1960 to Dec 3:32% from the B MERCTOR X PI Pine Bluf bury, Pary	N/A 2. 20 19 causes and an interpretation of State rland	60, that the date sto	(I) (we) lost ited above. 22b. DATE 12/21/0
	Haur a.m. p.m. 21 I certify that saw the decease 22a. SIGNATURE	N/A 19 1 (1) (this hospital) of ed alive on Dec. YRRIC E. P. Rito	while at wark	n Aug 6 t death accurred of Phys ATTENDING Phys 22d. ADDRESS 'alis	1960 to Dec 3:32% from the B MERCTOR X PI Pine Bluf bury, Pary	N/A 2. 20 , 19 causes and an I	60, that the date sto	(I) (we) last ted above. 27b. DATE 12/21/(tal
230	Haur a. m. p. m. 21 I certify that saw the decease 22a. SIGNATURE 22c PHYSICIAN'S NAME (Type)	N/A 19 I (1) (this hospital) of ed alive an Dec. P. P. Ritch. N. 236 DATE THEREOF Dec. 24, 1	while at wark	foctory, street, office bld N/A n.Aug. 6 t death accurred of M D ATTENDING PHYS 72d. ADDRESS Salis OR CREMATORY Cemetery	1960 to Dec 3:32% from the R DIRECTOR X PR Pine Bluf Sbury, Bary 23d tocation R.D.#	N/A 2. 20 19 causes and an interpretation of the country of the	Hospi	(I) (we) last ted above. 27b. DATE 12/21/(tal
236	Hour a. m. p. m. 21 I certify that saw the decease 22a. SIGNATURE 22c PHYSICIAN'S NAME (Type) BURIAL, CREMAT OF REMOVA, (Specify)	N/A 19 I (1) (this haspital) of ed alive an Dec. F. P. Rito N, 23b DATE THEREOF Dec. 24, 1 5 SIGNATURE	while at wark at while at wark	foctory, street, office bld N/A n.Aug. 6 t death accurred of M D ATTENDING PHYS 72d. ADDRESS Salis OR CREMATORY Cemetery	1960 to Des 3:32% from the RECTOR NO ST Pine Bluf Bury, Piary 23d tocation R.D.#	N/A 2. 20 , 19 causes and an final state final state (city, lawn, ar count Salisbur 256 REGISTRAR'S	Hospi	(I) (we) last ted above. 27b. DATE 12/21/(tal



MARYLAND STATE DEPARTMENT OF HEALTH

	MICHAIL STATE PELANTICITY OF TRACTITY	
A DE AS DEVICEONE	OF CTATICTICAL DECEADON AND DECODOS - DALTHAODE 1 MADVIAND	
A CAMPAISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
66 (3) [3]	CERTIFICATE OF REATH	
A 17 17 JL	CERTIFICATE OF DEATH	
	CERTIFICATE OF DEATH	

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	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Y	Wicomico MARYLAND	o. STATE Lief. b. COUNTY
	b CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	c. City OR TOWN (If autside corporate limits, write RURAL and give nearest flown)
	Salisbury 24 mm.	Frankford 4:
I	d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION	d street address o is residence on a farm?
-	Epinsula General NospitAl	May YES NO E
1	3. NAME OF DECEASED LA First Middle	Lost DATE Month Day Year
	(Type or print) Clara 15,	Waples DEATH / Relmber 3 1960
1	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
	Make White WIDOWED DIVORCED	Via. 28, 1876 83 45.
	10a. USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR INDU- juring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ŀ	13 FATHET'S NAME)	14. MOTHER'S MAIDEN NAME
	f. + 1 (1)	Maria Comment
ŀ	15 WAS DECEASED EVER IN U. S. ARMED FORCES 16 SOCIAL SECURITY NO. 17 III	NFORMANY E/ Address
-	(Yes, no or unknown) (If yes, give wor or dates of service)	D. 0 41- 800 1 7171
	no or	were smile dong telangle 16. 4.
1	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	ONSET AND DEATH
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Muchanial Sur	pietin 48 hours.
-	420 / DUE TO	
1	Conditions, if any, which) (b) Charmen Qui	terioslupis
	gave rise to immediate	
1	luian agus last	
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
5	D The same and the same as a same a same as a same a s	PERFORMED?
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	YES NO NO PER NO NO PER
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRE OR CONTRIBUTING OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	Content natural or inforty in Part Control in General Con
	3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Pl	LACE OF INJURY (Hame, farm, 20f (City or town) (County) (State)
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to the pm. 19 While Not while of work distribution of the pm. 19 While of work distribution of the pm. 19 While of work distribution of the pm.	clary, street, affice bldg., etc.)
1		12 7
	21 I certify that (I) (this hospital) attended the deceosed from.	
1	saw the deceased alive on 1/2 1960, and that a	deoth occurred of M. from the couses and on the date stated above
	220. SIGNATURE	ATTENDING MED STAFF SIGNED
d	March C. 1-12 dough	M.D PHYS DIRECTOR PHYS
	20c PHYSICIAN'S NAME (Type)	22d ADDRESS
	230 BUS AL. CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (5701e)
	Burger 12/6/60 Carrole	weter Frankland - Hel.
	24 FUNERAL DIRECTOR'S SUMMATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Harrick was Milley	DATEC 9 60 Cilm & King
	Harris I I was a series of the	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and radipletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the Stote Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

TENDING PHYSICIAN: The law requires that the death certificate be precuted within 24 hours of

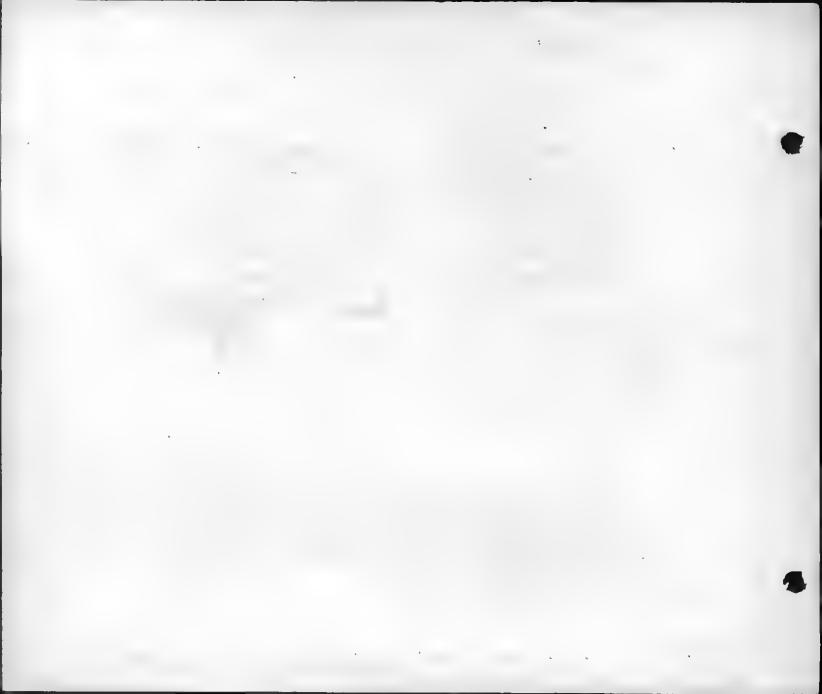
TO HOSPITAL OF

death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND RTIFICATE OF DEATH 14562 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. CQUNTY ęq b. COUNTY MARYLAND 100m100 Kennica 0 b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) er a RURAL and give nearest town) SALISBUK v Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d TREET ADDRESS IS RESIDENCE tzwater **OR-INSTITUTION** E 4. DATE NAME OF Middle Year DECEASED DEATH (Type or print) 19. anne IF UNDER TYEAR IF UNDER 24 HRS 9 AGE (in years lost birthdoy) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ete Doys Months Hours AAin EGRO WIDOWED 174 DIVORCED [papers. g 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? puo 14 MOTHER'S MAKEN NAME 13. FATHER'S NAME Š 2 physici геточе 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO 6u LO INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (6) gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAT DISEASE CONDITION GIVENN PART 1(0) 19. WAS AUTOPSY PERFORMED? 2012 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg . etc) Hour o.m. While Not while of work of work p. m. 1900 ta_ 1900 that (I) (we) last attended the deceased from 21 I certify that (1) (this hospital saw the deceased and that death accurred at M, from the causes and on the date stated above FUNERAL DIRECTOR: 220. SIGNATURE 226 DATE ATTENDING PHYS MED DIRECTOR MD. 22c PMYS CIAN 3 should NAME 23b DATE THEREOF 23a BLR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY & (Stote) page the Sta REMOVAL (Specify) 0 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRES 256 REGISTRAR'S SIGNATURE Cithing S. Frank 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1....19 tons in 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) is necessary, director, Page a. COUNTY files. e. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim'ls, write RURAL and give nearest town) 3 to the funeral director. write RURAL and give nearest town) 156 d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitel, give street eddress) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? estima retained the State B YES NO P rrivate home 3. NAME OF First Middle DATE DECEASED OF the (Type or print) DEATH 1960 novi S 24 hours after death. with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED ! Months! Days Hours WIDOWED ! DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even If retired) ARM LABBRER OKG! A 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Give 0 W IS. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOC.AL SECURITY NO. 17. INFORMANT permit, (Yes, no, or unkown), (If yes give we ror detes of service) in Item 1 Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transif I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) "pending" gave rise to immadiate cause 15 DUE TO (a), steting the underlying 15 cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUPOPSY CERTIFICATION PERFORMED cremati 2 the word NO Medical Plao 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 200 EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING IT MEDICAL EXAMINER: CAUSE OF DEATH. execute the certificate, writing Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. [City or lown) 30 to (State) fectory, street, office bldg., etc.) While Not While Hour a.m. # # # 9 et work et work prior 21. I certify that I took charge of the remajes described above, held an Autopsy | -1. Inspection \ Inquiry be forwarded to and in my opinion death resulted from: 17 Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL M.D. SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPUT NAME (Type) Addrass (Street, city, town, or county) 228. SURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME % JAN 1 0 '61 Orthur S. Hinns 5M 7/59 DATE

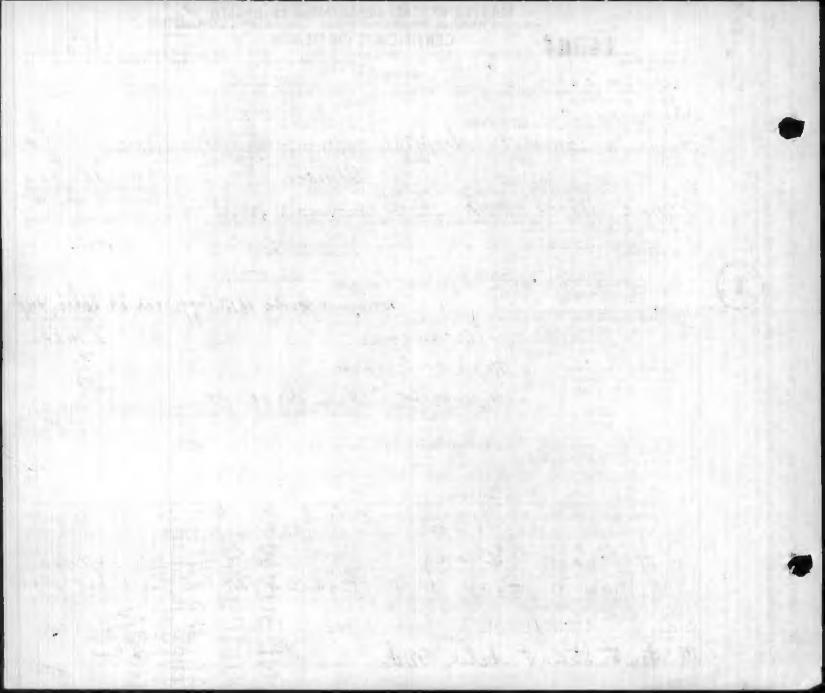


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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEA	TH TH	item	2 F11mG27	8 1	2. USUAL RESIDI	ENCE (When	e deceased lived.		: Residence bef	fore admission)
o. COUNTY	mils		MARYL	AND	o. STATE	Marvl	and	COUNTY	Wicom	ni co
b. CITY OR TO	WN (If outside corporate lin	nits, write	LENGTH OF STAY	N 16	c. CITY OR TO	OWN (If out	side corporate lim	its, write RUF		earest town)
- Salich	give neorest town)				12 Sa	lish	rv			
d. NAME OF	IOSPITAL (If not in hospital,	give street oc	Idress)	- /	d. STREET AD	and the second second	-	Main	St.	e. IS RESIDENCE ON A FARM?
Peninsu	la Gener	2/	Nosto, T	9/1	PYMINA	17/1/10/ 10	ለሰፊተልሽ	Model	7+67/	YES NO
3. NAME OF	F	irst	Middle	7	77777 Last	777/7	DATE	Month	////	Day Year
(Type or print)	A7	ice			Mind		DEATH 7	basemi	ber.	16 1960
S. SEX	6. COLOR OR RACE	444	D NEVER MARRIE	D ☐ B.	DATE OF BIRTH					AR IF UNDER 24 HRS
Femal	Nooro	WIDOWED			ecembe	n 11.		birthday)	Months Boys	Hours Min,
10a. USUAL OCCI	JPATION (Give kind of work of working life, even if retire	done 10b. K		NDUST				19	12. CITIZEN C	OF WHAT COUNTRY?
	er Store					Maryl	and		II.S	5 A .
13. FATHER'S NAM	AE .				14. MOTHER'S	MAIDEN NA	ME			
	Anthony J.	Broo	lcs		T.	ena l	Files			
15. WAS DECEAS	DEVER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INF	ORMANT			Addres	A I	01.
Ho				m	mul &	sous.	413 C	HARC	us St.	Sales 911
18. CAUSE C	F DEATH [Enter only one	ause per line	for (o), (b), and (c).		1			01		TERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:		breme	am						mro.
44	TO DUET	0	,	,						2
	, if any, which)	b) Me	phroodle	NO	us					7
	oting the under-	0 //	, _	-	1	0				7
lying couse	-	0/12	pertenen	0 6	-VIR	Ales	ease			
Z PART	I. OTHER SIGNIFICANT CO	NOITION'S CO	INTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE CON	DITION GIVE	N IN PART I(o)	19. WAS AUTOPSY
18										YES NO
20a. ACCIDE	NT WAS UNDERLYING	20b. DESCR	IBE HOW INJURY OF	CURRED.	(Enter noture of	injury in Po	el Lor Port II of i	tem 18.)		
OR CONTRIB	UTING CAUSE OF DEATH	1								
	INJURY Month, Doy, Y	ear 20d, INJ	URY OCCURRED	20e. PLAC	E OF INJURY (H	lome, form,	20f. (City or tow	n)	(Count)	y) (Stole
Hour	o. m. p. m.	While of work	Not while of work	TOCIC	ory, street, office	piag., eic.j				
	y that (1) (this haspity	el\ ettendo	d the decorred	Summa (July 16	9 106	o Be	016	10/00	that (I) (we) last
	A	00/1	/ /-	17		332	A from the a			te stated above
220, SIGNAT	eceased alive an.	7) 1	and and	глау де	arn accurred	U) #2_12.14	n, from me c	ooses and	on the dol	22b, DATE
H.	Aliana	444	ran	M.	D. PHYS.		CTOR PHY	FF S. 🗆	12	1/6/6 3
22c. PHYSICI	ANS		1. >		22d. ADDRES		1 1		01-1	111
VVI	Mam D.	Gra	Y, MI)	334	Cam	dan 10	ve .	Ja1150	IUY, OP
23a. BURIAL, CRE		OF	23c. NAME OF CEME	TERY OR	CREMATORY	2	3d. LOCATION (City, town, or	county)	(Slote)
REMOVAL (S	12/22/	1960	Gre	en A	leres		Sala	chim	7	51
	CTOR'S SIGNATURE	1	ADDRESS	A		250 PEC'D	BY REGISTRAR	the second second second second	RAR'S SIGNAT	URE
Christian	F. Stylen	t da	110. m	1		DATE	2 7 60	arth	on L. Kins	u4



	DIAISION OF	SIMILISHOUR KESPEKCH WIND	
4563	-	CERTIFICATE	OF DEATH
THE	-		

14550

5. SEX Male 6. COLOR OR RACE White Widowed Divorced May 21,1893 9. AGE (In years lift Under 1 YEAR IF Under 2: Manths Days Hours) 67 yrs.	
Parsonsburg (Rural) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen Gen Hosp 3. NAME OF DECEASED (Type or print) First Middle WILLIAM WOOD FIRST WOOD FI	
OR INSTITUTION Pen Gen Hosp R.D.# 1 (Wango) ON A FAI YES IN N 3. NAME OF DECEASED (Type or print) First IRVING WILLIAM WOOD May 21, 1893 P. AGE (In years Manths Days Hours	
TRVING WILLIAM WOOD DEATH DEC. 27th 196	FARM?
Male White WIDOWED DIVORCED May 21,1893 Manths Days Hours 67 yrs.	960
10 - Herita of Chinarian (C.)	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Farming New York 12. CITIZEN OF WHAT COULD INC. USA	DUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Wood Carrie Millard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Wrs. Ethel G. Wood (Wife) R.D.# 1 (Wango) YES W.W.I & II Parsonsburg, Maryland)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under-lying cause last. ONSET AND DE 2 Constructing furouse of the state of the	our
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM THE PROPERTY OF THE PART	RMED?
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. N/A 19 While at wark at w	(State)
	960
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. town, or county) REMOVAL (Specify) Burial Dec. 30, /1960 FOREST HILLS CEMETERY-Utica, New York	2)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE DATE DEC 2 0'60 Carling & Hours	

DATE DEC 3 0 '60

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. ages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, or remayal, and in any event, within 72 hours often death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

r death. Page 4

TO HOSPITAL VR A15 (4) 15M 9/59

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